

Medi-Cal Rx Contract Drugs List

November 1, 2022

Revision History

Drug Name	Description	Effective Date
Adapalene	Added to CDL.	September 1, 2022
Ammonium lactate	Added to CDL.	September 1, 2022
Clobazam	Removed age restriction and diagnosis restriction.	September 1, 2022
Clonazepam	Additional formulation (ODT tablets) added.	September 1, 2022
Dasiglucagon HCL	Updated quantity limit restriction and removed labeler restriction.	September 1, 2022
Felbamate	Added to CDL with restriction.	September 1, 2022
Glucagon	Updated quantity limit restriction.	September 1, 2022
Indomethacin	Additional formulation (suspension) added with a restriction.	September 1, 2022
Influenza Virus Vaccine	Additional strength (240 mcg /0.7ml) added.	September 1, 2022
Ipratropium Bromide	Added to CDL.	September 1, 2022
Mycophenolate Mofetil	Additional formulation (suspension) added with restriction.	September 1, 2022
Olopatadine HCL	Removed labeler code restriction (00065).	September 1, 2022
Posaconazole	Added to CDL with restriction.	September 1, 2022
Rufinamide	Added to CDL with restriction.	September 1, 2022
Salicylic Acid	Added to CDL.	September 1, 2022
Sirolimus	Additional formulation (solution) added with restriction.	September 1, 2022
Topiramate	Additional formulation (solution) added with restriction.	September 1, 2022
Voriconazole	Added to CDL with restriction.	September 1, 2022
Acalabrutinib	Additional formulation (tablet) added with restriction.	October 1, 2022
Amlodipine Benzoate	Updated age restriction.	October 1, 2022

Drug Name	Description	Effective Date
Baloxavir Marboxil	Updated age restriction.	October 1, 2022
Colestipol Hydrochloride	Additional formulation (tablet) added with restriction.	October 1, 2022
Enalapril Maleate	Updated age restriction.	October 1, 2022
Finerenone	Added to CDL with restriction.	October 1, 2022
Lasmiditan	Updated Code I restriction.	October 1, 2022
Levothyroxine Sodium	Additional formulation (solution) added with restriction.	October 1, 2022
Lisinopril	Updated age restriction.	October 1, 2022
Lorazepam	Removed age restriction.	October 1, 2022
Rimegepant	Updated Code I restriction.	October 1, 2022
Risankizumab-rzaa	Added to CDL with restriction.	October 1, 2022
Ropeginterferon alfa-2b-njft	Updated Code I restriction.	October 1, 2022
Ropinirole HCL	Additional formulation (extended release) added with restriction.	October 1, 2022
Sildenafil Citrate	Updated age restriction.	October 1, 2022
Spironolactone	Updated age restriction.	October 1, 2022
Tranexamic Acid	Added to CDL.	October 1, 2022
Ubrogepant	Updated Code I restriction.	October 1, 2022
Carbidopa	Added to CDL.	November 1, 2022
Chlorpromazine	Additional formulation (liquid) added.	November 1, 2022
Raloxifene	Added to CDL.	November 1, 2022
Sodium Chloride Injection	Additional vial sizes (20 ml and 50 ml) added.	November 1, 2022
Vancomycin	Additional formulations (capsules and solution) added with restrictions.	November 1, 2022
Water for Injection, Sterile Water for Injection, Bacteriostatic	Additional vial sizes (5 ml, 20 ml, 50 ml) added.	November 1, 2022

General Provisions

- 1. Provisions of coverage are contained in the *California Code of Regulations* (CCR), *Title 22, Sections 51313, 51313.3*, and *51313.6*.
- 2. Code I drugs marked with a symbol (*) require authorization in accordance with Section 51003 unless used under the conditions specified in the Contract Drugs List, and are subject to the prescription documentation requirements in *CCR*, *Title 22*, *Section 51476(c)*. See *CCR*, *Title 22*, *Section 51313.3(b)*.
- 3. Drugs marked with a symbol (+) have a frequency of billing requirement. See *CCR*, *Title 22*, *Section 51513(b)(3)*. Full payment (drug ingredient cost plus a professional fee component) to a pharmacy is limited to a maximum of three claims for the same drug and strength dispensed to the same beneficiary within any 75-day period. The fourth claim from any provider, and subsequent claims for the same drug and strength dispensed to the same beneficiary within any 75-day period will be paid at the drug ingredient cost only. Exceptions are with the initial prescription, when authorization is obtained for more frequent billing, or when drugs are dispensed in a quantity of 180 or more tablets or capsules.
- 4. Drugs marked with a symbol (++) have a unit price based on the package size determined by the Director to be the size most frequently purchased by providers. See *CCR*, *Title 22*, *Section 51513(a)(2)*. A complete listing of these drugs is found in the *Reimbursement* section of this manual.
- 5. Drugs that have been end dated are subject to Prior Authorization unless the criteria for continuing care has been met. For information about continuing care, refer to the *Medi-Cal Rx Provider Manual*.

Legend Drugs

Legend drugs that are listed in the Contract Drugs List of this manual are covered by the Medi-Cal program. Legend drugs not listed may be covered subject to authorization from a Medi-Cal consultant.

Non-Legend Over-the-Counter Drugs

Non-legend Over-the-Counter (OTC) drugs that are listed in the Contract Drugs List are covered by the Medi-Cal program. OTC drugs not listed, and not otherwise excluded, may be covered subject to authorization from a Medi-Cal consultant.

OTC Antihistamine, Nasal Decongestant, and Combinations

OTC antihistamines, antihistamine combinations, decongestants, and decongestant combination products that are listed in the Contract Drugs List of this manual are covered by the Medi-Cal program. Effective March 24, 2011, legislation was passed in California eliminating OTC cough and cold products as a covered pharmacy benefit. As a result of this legislation, effective March 1, 2012, OTC cough and cold products are not a benefit of the Medi-Cal program. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries are exempt from this benefit elimination. In addition, all OTC cough and cold products are restricted to individuals 2 years of age and older.

Compounded Prescriptions

Prescribed drugs listed in the Contract Drugs List and unlisted drugs approved by authorization that require special compounding by the pharmacist are covered by the Medi-Cal program, provided that the name, quantity, and principal labeler of each ingredient are listed on the claim.

Drugs Used in the Treatment of HIV

Drugs indicated for the treatment of HIV may be used for PEP without obtaining a Prior Authorization.

Erectile Dysfunction Drugs: Non-Benefit

Erectile Dysfunction (ED) drugs have not been a Medi-Cal benefit since the enactment of Assembly Bill 2885 (Chapter 95, Statutes of 2006) on July 20, 2006. AB 2885 amended *Welfare and Institutions Code*, Section 14132, that specified drugs used to treat ED, or

any off-label use of those drugs, would only be reimbursable by Medi-Cal if Federal Financial Participation (FFP) was available. FFP has not been available for ED drugs since January 1, 2006.

Controlled Substance Policy

All controlled drug products, including opioids (DEA Schedule 2-5) will have a **maximum day supply** of 35 days. Any claims submitted for greater than 35 days will require a prior authorization.

NOTE: The above days supply limitation does **not** apply to new-start opioid prescriptions, new-start benzodiazepine prescriptions, or buprenorphine products.

Prior authorizations will be required for all intramuscular, intravenous, and subcutaneous injectable forms of opioids.

NOTE: This limit does **not** apply to buprenorphine products indicated for pain or addiction.

New-start opioid claims will be restricted to a 7 days supply or a maximum quantity *per fill* of 30 solid dosage units (each) or 240mL for liquids.

NOTE: New start is defined as absence of paid claims for opioids in the beneficiary's history within the prior 90 days (cough preparations containing opioids are excluded from this look back.)

Subsequent fills will be restricted to a 35 days supply.

NOTE: Subsequent fills/Chronic Use is defined as the presence of paid claims for opioids in the beneficiary's history within the prior 90 days (cough preparations containing opioids are excluded from this lookback.)

Claims submitted for *new-start* and *subsequent fill* for opioids will be restricted to the following **maximum daily quantity limits:**

Maximum Quantity Per Day Limit(s) New-Start <i>and</i> Subsequent Fill(s)					
Dosage Form Allowable Daily Limit					
Solid Dosage Forms 8 each					
Liquid Dosage Forms	60mL				
Transdermal Dosage Forms 1 each					
NOTE: These limits do not apply to buprenorphine products.					

Claims submitted for *subsequent fills* for opioids will be restricted to the following maximum quantities **per fill:**

Maximum Quantity Per Fill Subsequent Fill(s)						
Dosage Form Allowable Per Fill Limit						
Solid Oral – Immediate Release	120 each					
Solid Oral – Extended-Release	90 each					
Oral Liquids	180mL					
Parenterals	100mL					
Transdermal Dosage Forms 10 each						
NOTE: These limits do not apply to buprenorphine products.						

Utilization Management Types

Code	Description
AL	Age limit: age parameters must be met.
LR	Labeler restriction: claim must reflect indicated labeler code for claim to pay.
QL	Quantity limit: claim will reject if defined quantity limits are exceeded.

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	At	nyotrophic Lateral S	clerosis A	gent	
Riluzole *	Tablets	50 mg	ea		* Riluzole is restricted to use in the treatment of amyotrophic lateral sclerosis.
		Anti-Alcoho	lism		
Acamprosate Calcium	Delayed-release Tablets	333 mg	ea		
Disulfiram	Tablets	0.25 gm 0.5 gm	ea ea		
		Anti-Infectives: A	mebacide		
Paromomycin Sulfate	Capsules		ea		
		Anti-Gou	it		
Allopurinol	Tablets	100 mg 300 mg	ea ea		
Colchicine	Tablets	0.6 mg	ea		
Probenecid	Tablets	500 mg	ea		
Probenecid with Colchicine	Tablets		ea		
Anti-Infectives: Anthelmintics					
Albendazole	Tablets	200 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ivermectin *	Tablets	3 mg	ea		* Restricted to use as an anthelmintic only.
Mebendazole	Tablets, chewable	100 mg	ea		
Pyrantel Pamoate	Liquid		ea		
		Anti-Infectives: A	ntibiotics		
Amikacin Sulfate	Injection, vial	500 mg/2 ml 1,000 mg/4 ml	ml ml		
Amoxicillin/ Clavulanate Potassium	Tablets, chewable	125 mg 200 mg 250 mg 400 mg	ea ea ea		
	Tablets, oral	250 mg 500 mg 875 mg 1 gm	ea ea ea		
	Solution or suspension	125 mg/ 5ml 200 mg/ 5ml 250 mg/ 5ml 400 mg/ 5ml 600 mg/ 5ml	ml ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amoxicillin Trihydrate	Solution or suspension	125 mg/5 ml 200 mg/5 ml 250 mg/5 ml 400 mg/5 ml	ml ml ml ml		
	Pediatric drops	50 mg/ml	ml		
	Capsules	250 mg 500 mg	ea ea		
	Chewable Tablets	125 mg 250 mg	ea ea		
	Tablets	500 mg 875 mg	ea ea		

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ampicillin	Powder for injection	125 mg/vial	ea		
		250 mg/vial	ea		
		500 mg/vial	ea		
		1 gm/vial	ea		
		2 gm/vial	ea		
		2.5 gm/vial	ea		
		10 gm/vial	ea		
		500 mg,	ea		
		piggyback			
		1 gm, piggyback	ea		
		2 gm, piggyback	ea		
	Tablets or capsules	250 mg	ea		
	·	500 mg	ea		
	Solution or suspension	125 mg/5ml	ml		
	Solution of Suspension	250 mg/5m	ml		
	Drops	100 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Azithromycin	Tablets	250 mg 500 mg 600 mg	ea ea ea		
	Powder packet Suspension	1 gm 100 mg/5 ml 200 mg /5 ml	ml ml		
	Ophthalmic solution *	1 %	ml	LR	* Restricted to NDC labeler code 17478 for the ophthalmic solution only.
Cefaclor*	Capsules	250 mg 500 mg	ea ea	AL	* Restricted to use for individuals 50 years old and over with lower respiratory tract infections.
Cefadroxil	Tablets	1 Gram	ea		
	Capsules	500 mg	ea		
	Suspension	250 mg/5 ml 500 mg/5 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cefazolin Sodium	Powder for injection	250 mg/vial	ea		
		500 mg/vial	ea		
		1 gm/vial	ea		
		5 gm/vial 10 gm/vial	ea ea		
		20 gm/vial	ea		
		500 mg,	ea		
		piggyback	Cu		
		1 gm, piggyback	ea		
		3 /1 33/			
	Injection	500 mg in 5 %	ml		
	injection.	Dextrose and			
		water (D5W)			
		1 gm in 5 %	ml		
		Dextrose and			
		water (D5W)			
Cefdinir	Capsules	300 mg	ea		
	Liquid	125 mg/ 5 ml	ml		
		250 mg/5 ml	ml		
Cefixime	Liquid	100 mg/5 ml	ml		
	Tablets or capsules	400 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cefpodoxime Proxetil	Tablet	100 mg 200 mg	ea ea		
	Suspension	50 mg/5 ml 100 mg/5 ml	ml ml		
Cefprozil	Tablets	250 mg 500 mg	ea ea		
	Suspension	125 mg/5 ml 250 mg/5 ml	ml ml		
Ceftazidime	Powder for Injection		ea		
	Injection		ml		
Ceftriaxone Sodium	Powder for Injection		ea		
	Injection		ml		
Cefuroxime Axetil	Tablets	250 mg 500 mg	ea ea		
Cephalexin	Capsules	250 mg 500 mg	ea ea		
	Solution or Suspension	125 mg/5 ml 250 mg/5ml	ml ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Chloramphenicol	Succinate, injectable	1 gm	ea		
	Capsules	250 mg	ea		
	Ophthalmic Ointment		gm		
	Ophthalmic solution/drops	0.5 %	ml		
Chlorhexidine Gluconate	Mouthwash	0.12 %	ml		
Ciprofloxacin	Suspension, Oral	5 % (250 mg/ 5 ml) 10 % (500 mg/ 5 ml)	ml ml		
Ciprofloxacin HCL	Tablets	250 mg 500 mg 750 mg	ea ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Clarithromycin	Tablets *	250 mg 500 mg	ea ea		* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori.
	Tablets, extended release	500 mg	ea		
	Liquid *	125 mg/5 ml 250 mg/5 ml	ml ml		* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, the prophylaxis and treatment of pertussis, and in the treatment of active duodenal ulcer associated with Helicobacter pylori for liquid.
Clindamycin Hydrochloride	Tablets or Capsules	75 mg 150 mg 300 mg	ea ea ea		
Clindamycin Palmitate HCL	Solution	75 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Dicloxacillin Sodium	Capsules	125 mg 250 mg 500 mg	ea ea ea		
	Suspension	62.5 mg/5 ml	ml		
	Capsules	50 mg 100 mg	ea ea		
Doxycycline Calcium	Syrup	50 mg/5 ml	ml		
Doxycycline Hyclate	Tablets Capsules	20 mg * 100 mg 50 mg 100 mg	ea ea ea	QL	* The 20 mg tablets are restricted to use as an adjunct therapy to scaling and root planing in patients with adult periodontitis, and to a maximum quantity of 60 capsules per dispensing and a maximum of nine (9) dispensings in any 12-month period.
Doxycycline Monohydrate	Tablets or Capsules	50 mg 75 mg 100 mg	ea ea ea		m any remaining
Erythromycin Base	Tablets	250 mg 500 mg	ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets, delayed release	250 mg 333 mg 500 mg	ea ea ea		
	Capsules, delayed release	250 mg	ea		
Erythromycin Ethylsuccinate	For Oral Suspension, drops	100 mg/2.5 ml	ml		
	Tablets, chewable	200 mg	ea		
	Tablets	400 mg	ea		
	Granules	200 mg/5 ml, 100 ml	ml		
		200 mg/5 ml, 200 ml	ml		
	Suspension	200 mg/5 ml 400 mg/5 ml	ml ml		
Erythromycin Stearate	Tablets, film coated	250 mg 500 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gentamicin	Injection	10 mg/ml, 2 ml 10 mg/ml, 6 ml 10 mg/ml, 8 ml 10 mg/ml, 10 ml 40 mg/ml, 2 ml 40 mg/ml, 20 ml 40 mg/ml, 50 ml	ml ml ml ml ml ml		
	Ophthalmic Ointment Ophthalmic Solution/Drops	0.3 % 0.3 %, 5ml 0.3 %, 15ml	gm ml ml		
Griseofulvin	Tablets or capsules (ultramicrosize only) Suspension (micro size	125 mg 165 mg 250 mg 330 mg 125 mg/5 ml	ea ea ea ea ml		
	only)	123 1119/3 1111			
Levofloxacin	Tablets	250 mg 500 mg 750 mg	ea ea ea		
	Solution, oral	25 mg/ml 250 mg/10 ml	ml ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Linezolid	Tablets	600 mg	ea		
	Suspension	100 mg/5 ml	ml		
Metronidazole	Oral Tablets	250 mg 500 mg	ea ea		
	Injection	500 mg/100 ml	ml		
	Powder for injection	500 mg vial	ea		
	Gel with applicator	0.75 %	gm		
	Cream	0.75 %	gm		
	Lotion	0.75 %	ml		
Minocycline HCL	Tablets	50 mg 75 mg 100 mg	ea ea ea		
	Capsules	50 mg 75 mg 100 mg	ea ea ea		
Moxifloxacin HCL	Tablets	400 mg	ea		
	IV	400 mg/250 ml	ml		
Mupirocin	See: Dermatological Preparations				

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nafcillin	Powder for injection	500 mg/vial 1 gm/vial 2 gm/vial 10 gm/vial 1 gm, piggyback 2 gm, piggyback	ea ea ea ea ea		
Neomycin	Tablets Liquid	0.5 gm 125 mg/5 ml	ea ml		
Ofloxacin *	Tablets	200 mg 300 mg 400 mg	ea		*Ofloxacin tablets are restricted to use in the treatment of sexually transmitted diseases.
Penicillin G	Powder for injection	1,000,000 units/vial 5,000,000 units/vial 10,000,000 units/vial 20,000,000 units/vial	ea		
Penicillin G Benzathine	Injection	300,000U/ml,10ml 600,000 U/ml, 1ml 600,000 U/ml, 2ml 600,000 U/ml, 4ml	ml		
Penicillin G Procaine	Injection		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Penicillin VK	Tablets	125 mg 250 mg 500 mg	ea		
	Liquid	125mg/5ml,100ml 125mg/5ml,150ml 125mg/5ml,200ml 250mg/5ml,100ml 250mg/5ml,150ml 250mg/5ml,200ml	ml		
Piperacillin Sodium	Powder for injection		ea		
Secnidazole *	Oral granules	2 gm	ea	LR	* Restricted to NDC labeler code 27437.
Streptomycin	Injection	1 gm dry	ea		
Tetracycline	Injection	250 mg 500 mg	ea ea		
	Tablets or capsules	250 mg 500 mg	ea ea		
	Liquid	125 mg/5 ml	ml		
Tinidazole	Tablets	250 mg 500 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Tobramycin	Injection	10mg/ml, 2ml vial 10mg/ml, 6ml vial 10mg/ml, 8ml vial 40mg/ml, 2ml vial 40mg/ml, 30ml vial 40mg/ml, 1.5ml syringe 40mg/ml, 2ml syringe	ml ml ml ml ml ml		
	Powder for injection	1.2 gm/vial	ea		
Vancomycin	Powder for injection	500 mg vial 1 gm vial 5 gm vial 10 gm vial	ea ea ea ea	AL	
	Capsules	125 mg 250 mg	ea ea		
	Solution, oral *	25 mg/ml 50 mg/ml	ml ml		* Restricted to beneficiaries that are age 21 and under.
		Anti-Infectives: An	rti-Fungal	S	
Amphotericin B	Injection		ea		
Butoconazole Nitrate	Vaginal Cream (prefilled applicator)	2 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Clotrimazole	Topical Cream	1 %	gm		
	Topical Lotion	1 %	ml		
	Topical Solution	1 %	ml		
	Troches	10 mg	ea		
	Vaginal Tablets	100 mg 500 mg	ea ea		
	Vaginal Cream	45 gm 90 gm	gm gm		
Econazole Nitrate	Topical cream	1 %	gm		
Fluconazole	Injection	2 mg/ml, 100 ml (saline)	ml		
		2 mg/ml, 200 ml (saline)	ml		
		2 mg/ml, 100 ml (dextrose)	ml		
		2 mg/ml, 200 ml (dextrose)	ml		
	Tablets	50 mg	ea		
		100 mg	ea		
		150 mg 200 mg	ea ea		
	Suspension	10 mg/ml 40 mg/ml	ml ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Itraconazole	Capsules	100 mg	ea		
	Oral solution	10 mg/ml	ml		
Ketoconazole	Tablets	200 mg	ea		
	Topical cream	2 %	gm		
	Shampoo	2 %	ml		
Nystatin	Tablets (oral)	500,000 units	ea		
	Suspension, oral	100,000 units/ml, 48 ml	ml		
		100,000 units/ml, 60 ml	ml		
		100,000 units/ml, 480 ml	ml		
	Vaginal tablets	15's 30's	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Cream	100,000 units/gm,	gm		
		15 gm 100,000 units/gm,	gm		
		30 gm 100,000 units/gm,	gm		
		15 gm 100,000 units/gm, 30 gm	gm		
		100,000 units/gm, 240 gm	gm		
	Ointment		gm		
	Topical Powder		gm		
Posaconazole *	Suspension	200 mg/5 ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Terbinafine HCL	Tablets	250 mg	ea		
Voriconazole *	Suspension	40 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
		Anti-Infectives: An	ti-Malaria	ıls	
Chloroquine *	Tablets	250 mg	ea	QL	* Restricted to 60 tablets per dispensing.
Hydroxychloroquine	Tablets *	200 mg	ea	QL	*Hydroxychloroquine tablets are restricted to 120 tablets per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I			
Primaquine	Tablets	26.3 mg	ea					
Pyrimethamine	Tablets	25 mg	ea					
	Anti-Infectives: Anti-Protozoal							
Atovaquone *	Tablets	250 mg	ea		* Restricted to use for the treatment or prevention of Pneumocystis carinii			
	Oral Suspension	750 mg/ 5 ml	ml		pneumonia in patients who are intolerant to -sulfamethoxazole.			
Pentamidine *	Powder for injection Powder for aerosolized administration	300 mg/vial	ea		* The powder for aerosolized administration is restricted to the prevention of pneumocystis carinii pneumonia (PCP) and must meet all of the following criteria: 1) Patient is HIV infected, with a history of PCP or with a CD4 (T4) lymphocyte count less than or equal to 200 cells/mm3. 2) Nebulizer system must comply with the specifications in the package insert for the drug product.			
	Anti-Infectives: Anti-Tuberculars							
Azithromycin	See: Antibiotics							
Clarithromycin	See: Antibiotics							
Cycloserine	Capsules	250 mg	ea					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ethambutol	Tablets	100 mg 400 mg	ea ea		
Ethionamide	Tablets	250 mg	ea		
Isoniazid	Injection	100 mg/ml 50 mg	ml ea		
	Tablets	100 mg 300 mg	ea ea		
	Liquid	50 mg/5 ml	ml		
Pyrazinamide	Tablets or capsules	500 mg	ea		
Rifabutin	Capsules	150 mg	ea		
Rifampin	Capsules	150 mg 300 mg	ea ea		
	Vial	600 mg	ea		
Rifampin and Isoniazid	Capsules	300 mg/150 mg	ea		
Rifampin, Isoniazid and Pyrazinamide	Tablets	120 mg/50 mg/ 300 mg	ea		
Rifapentine	Tablets	150 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Anti-Infectives: A	nti-Virals		
Abacavir Sulfate *	Tablets Liquid	300 mg 20 mg/ml	ea ml		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Abacavir Sulfate and Lamivudine *	Tablets	600 mg/300 mg	ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Abacavir Sulfate/ Dolutegravir/ Lamivudine *	Tablets Tablets for oral suspension	600 mg/50 mg/ 300 mg 60 mg/5 mg/ 30 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Abacavir Sulfate, Lamivudine and Zidovudine *	Tablets	300 mg/150 mg/ 300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler codes 00173 and 49702 only.
Acyclovir	Capsules Tablets	200 mg 400 mg 800 mg	ea ea ea		
	Oral Suspension	200 mg/5 ml	ml		
	Ointment	5 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amantadine *	See: Anti-Parkinsonism				
Atazanavir/ Cobicistat *	Tablets	300 mg/150 mg	ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00003 only.
Atazanavir Sulfate *	Capsules Oral Powder	100 mg 150 mg 200 mg 300 mg 50 mg/packet	ea ea ea ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Baloxavir Marboxil *	Tablets	40 mg 80 mg	ea ea	AL, LR	* Restricted to NDC labeler code 50242 and to use in beneficiaries less than 5 years of age requires prior authorization approval.
Bictegravir/ Emtricitabine/Tenof ovir Alafenamide *	Tablets	30 mg/120 mg/ 15 mg 50 mg/200 mg/ 25 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cabotegravir *	Extended-release intramuscular injection kit	600 mg/3 ml	ml		* Restricted to use as prophylaxis therapy in Human Immunodeficiency Virus (HIV) negative patients at risk of acquiring HIV infection.
Cabotegravir/ Rilpivirine *	Injection Kit	400 mg/600 mg 600 mg/900 mg	ea ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Restricted to NDC labeler code 49702.
Elbasvir/ Grazoprevir *	Tablets	50 mg/100 mg	ea	AL, QL	* Restricted to 1) Use in the treatment of chronic Hepatitis C Virus (HCV) infection; and 2) A maximum quantity of 28 tablets per dispensing.
Emtricitabine and Tenofovir Disoproxil Fumarate *	Tablets *	100 mg/150 mg 133 mg/200 mg 167 mg/250 mg 200 mg/300 mg *	ea	LR	* Emtricitabine and Tenofovir Disoproxil Fumarate is restricted to NDC labeler code 61958 only. * Tablets are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. * The 200 mg/300 mg tablets are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection or as prophylaxis therapy in HIV negative patients at risk of acquiring HIV infection.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Enfuvirtide *	Vial	90 mg	ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to labeler code 00004.
Cidofovir *	Injection	75 mg/ml	ml		* Restricted to use in the treatment of AIDS-related conditions.
Cobicistat *	Tablets	150 mg	ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Cobicistat/Darunavir *	Tablets	150 mg/800 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Darunavir *	Tablets	75 mg 150 mg 300 mg 400 mg 600 mg 800 mg	ea ea ea ea ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 59676 only.
	Oral Suspension	100 mg/ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Darunavir/ Cobicistat/ Emtricitabine/ Tenofovir Alafenamide *	Tablets	80 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Delaviridine Mesylate *	Tablets	100 mg 200 mg	ea ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 49702 only.
Didanosine *	Tablets, chewable	25 mg 50 mg 100 mg 150 mg 200 mg	ea ea ea ea		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
	Powder for Oral Solution	100 mg/packet 167 mg/packet 250 mg/packet 375 mg/packet	ea ea ea ea		
	Pediatric Powder for Oral Solution	20 mg/ml	ml		
Dolutegravir *	Tablets	10 mg 25 mg 50 mg	ea ea ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV)

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets for Oral Suspension	5 mg	ea		infection only. Also restricted to NDC labeler code 49702) only.
Dolutegravir/ Lamivudine *	Tablets	50 mg/300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Dolutegravir/ Rilpivirine*	Tablets	50 mg/25 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49702 only.
Doravirine *	Tablets	100 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 only.
Doravirine/ Lamivudine/ Tenofovir Disoproxil Fumarate *	Tablets	100 mg/300 mg/ 300 mg	ea	LR	* Restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 00006 only.
Efavirenz *	Capsules Tablets	50 mg 100 mg 200 mg 600 mg	ea ea ea ea	LR	* Efavirenz is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00056 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumarate *	Tablets	600 mg/200 mg/ 300 mg	ea		* Efavirenz and Emtricitabine and Tenofovir Disoproxil Fumarate are restricted to use as a stand-alone therapy or in combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
Efavirenz/ Lamivudine Tenofovir Disoproxil Fumarate *	Tablets	400 mg/300 mg/ 300 mg 600 mg/300 mg/ 300 mg	ea		* Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate tablets are restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only.
Elvitegravir *	Powder for injection	85 mg 150 mg	ea	LR	* Elvitegravir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir Alafenamide *	Tablets	150 mg/150 mg/ 200 mg/10 mg	ea	LR	* Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir Alafenamide is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir Disoproxil Fumarate *	Tablets	150 mg/150 mg/ 200 mg/300 mg	ea	LR	* Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.
Emtricitabine *	Capsules Oral solution	200 mg 10 mg/ml	ea ml	LR	* Emtricitabine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 61958 only.
Emtricitabine/ Rilpivirine/ Tenofovir Alafenamide *	Tablets	200 mg/25 mg/25 mg	ea	LR	* Emtricitabine/Rilpivirine/Tenofovir Alafenamide is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 61958 only.
Emtricitabine/ Rilpivirine/ Tenofovir Disoproxil Fumarate *	Tablets	200 mg/25 mg/300 mg	ea	LR	* Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Emtricitabine/ Tenofovir Alafenamide *	Tablets	120 mg/15 mg 200 mg/25 mg	ea ea	LR	* Emtricitabine/Tenofovir Alafenamide is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection or as prophylaxis therapy in HIV negative patients at risk of acquiring HIV infection only. Also restricted to NDC labeler code 61958.
Entecavir *	Tablets Liquid	0.5 mg 1.0 mg 0.05 mg/ml	ea ea ml		* Entecavir is restricted to use in the treatment of chronic Hepatitis B virus infection.
Etravirine *	Tablets	25 mg 100 mg 200 mg	ea ea ea	LR	* Etravirine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Fosamprenavir Calcium*	Tablets Oral suspension	700 mg 50 mg/ml	ea ml	LR	* Fosamprenavir Calcium is restricted to use as a combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection; also restricted to NDC labeler code 49702 only.
Foscarnet Sodium Calcium *	Injection	24 mg/ml, 250 ml 24 mg/ml, 500 ml	ml ml		* Restricted to use in patients with AIDS or AIDS-related conditions.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fostemsavir *	Extended -Release Tablets	600 mg	ea	LR	* Fostemsavir is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) Infection. Also restricted to NDC labeler code 49702 only.
Ganciclovir	Capsules *	250 mg 500 mg	ea		* Restricted to use in the treatment of AIDS-related conditions for the capsules only.
Ganciclovir Sodium *	Powder for injection	500 mg/vial	ea		*Ganciclovir Sodium is restricted to use in the treatment of AIDS-related conditions.
Glecaprevir/ Pibrentasvir	Tablets (dose-pack) *	100 mg/40 mg	ea	LR, QL	* Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 84 tablets per dispensing. Also restricted to NDC labeler code 00074.
					Note: "ea" means tablets.
	Pellet Packet *	50 mg/20 mg	ea	LR, QL	* Pellet packets are restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 140 pellet packets per dispensing. Also restricted to NDC labeler code 00074.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ibalizumab-Uiyk *	Injection	200 mg/1.33ml	ml		* Ibalizumab-uiyk is restricted to use in the treatment Human Immunodeficiency Virus (HIV) infection only.
Lamivudine	Liquid * Oral solution *	10 mg/ml 5 mg/ml	ml ml		* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the liquid only.
	Tablets *	100 mg 150 mg 300 mg	ea ea ea		* The oral solution is restricted to use for the treatment of chronic Hepatitis B virus. * The 100 mg tablets are restricted to use for the treatment of chronic Hepatitis B virus infection * Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection for the 150 mg and 300 mg tablets only.
Lamivudine and Zidovudine *	Tablets	150 mg/300 mg	ea		* Lamivudine and Zidovudine are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lamivudine/ Tenofovir Disoproxil Fumarate *	Tablets	300 mg/300 mg	ea	LR	* Lamivudine/Tenofovir Disoproxil Fumarate is restricted to use in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 49502 only.
Ledipasvir/ Sofosbuvir *	Pellet packets Tablets	33.75 mg/150 mg 45 mg/200 mg 45 mg/200 mg 90 mg/400 mg	ea ea ea	QL	* Restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection; 2) and a maximum quantity of 28 tablets or packets per dispensing.
Lopinavir and Ritonavir*	Capsules Oral solution Tablets	133.3 mg-33.3mg 400 mg-100 mg/ 5 ml 200 mg-50 mg 100 mg-25 mg	ea ml ea ea	LR	* Lopinavir and Ritonavir are restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler code 00074 only.
Maraviroc *	Tablets Oral solution	25 mg 75 mg 150 mg 300 mg 20 mg/ml	ea ea ea ea ml	LR	* Maraviroc is restricted to use as combination antiretroviral treatment in individuals infected with only detectable CCR5-tropic specific HIV-1. Also restricted to NDC labeler code 49702 only.
Molnupiravir *	Capsules	200 mg	ea	QL	* Restricted to a maximum quantity of 40 capsules per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nelfinavir Mesylate *	Tablets	250 mg 625 mg	ea ea		* Nelfinavir Mesylate is restricted to use as combination therapy in the treatment
	Oral powder	50 mg/gm	gm		of Human Immunodeficiency Virus (HIV) infection.
Nevirapine *	Tablets	200 mg 100 mg	ea ea		* Nevirapine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
	Tablets, extended release	400 mg	ea		
	Liquid *	50 mg/5 ml	ml	LR	*Liquid restricted to NDC labeler code 00597.
Nirmatrelvir/ Ritonavir *	Tablets	150 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 30 tablets per dispensing.
Oseltamivir Phosphate	Capsules	30 mg 45 mg 75 mg	ea		
	Oral suspension	6 mg/ml, 60ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Peginterferon Alfa- 2A *	Syringes, package of four, without alcohol pads *	180 mcg/0.5 ml	ml	QL	* Peginterferon Alfa-2A is restricted to use in the treatment of chronic viral Hepatitis B or C infection.
	Injection	180 mcg/ml	ml		* The syringes are restricted to a maximum of 2 ml per dispensing for the 180 mcg/0.5 ml syringes, package of four, without alcohol pads.
Raltegravir *	Tablets	400 mg	ea	LR	* Raltegravir is restricted to use as
	Chewable tablets	600 mg 25 mg 100 mg	ea ea ea		combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC labeler
	Oral Suspension packets	100 mg	ea		code 00006 only.
Remdesivir	Vial	100 mg/20 ml	ea		* Requires prior authorization.
	Single Dose Vial	100 mg	ea		
Ribavirin *	Capsules	200 mg	ea		* Ribavirin is restricted to use as combination therapy in the treatment of
	Tablets	200 mg	ea		Hepatitis C.

ct Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Rilpivirine *	Tablets	25 mg	ea	LR	* Rilpivirine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection only. Also restricted to NDC labeler code 59676 only.
Ritonavir *	Capsules	100 mg	ea	LR	* Ritonavir is restricted to use as combination therapy in the treatment of
	Tablets	100 mg	ea		Human Immunodeficiency Virus (HIV)
	Solution	80 mg/ml	ml		infection. Also restricted to NDC labeler code 00074 only.
	Oral powder packets	100 mg	ea		code ooor romy.
Saquinavir Mesylate *	Tablets	500 mg	ea	LR	* Saquinavir Mesylate is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Saquinavir Mesylate is also restricted to NDC labeler code 00004 only.
Sofosbuvir *	Pellet packets Tablets	150 mg 200 mg 200 mg 400 mg	ea ea ea ea	QL	* Restricted to 1) use in the treatment of chronic Hepatitis C Virus (HCV) infection in patients with hepatocellular carcinoma awaiting liver transplantation; 2) and a maximum quantity of 28 tablets or packets per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sofosbuvir/ Velpatasvir *	Tablets	200 mg/ 50 mg 400 mg/100 mg	ea ea	QL	* Restricted to use in the treatment of chronic Hepatitis C Virus (HCV) infection and to a maximum quantity of 28 tablets or pellet packets per dispensing.
	Pellet packets	150 mg/37.5 mg 200 mg/50 mg			and an area from the same from
Stavudine *	Capsules	15 mg 20 mg 30 mg 40 mg	ea ea ea ea		*Stavudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.
	Powder for oral solution	1 mg/ml	ml		
Tenofovir Alafenamide*	Tablets	25 mg	ea		* Tenofovir Alafenamide is restricted to the use in the treatment of chronic Hepatitis B virus infection only.
Tenofovir Disoproxil Fumarate *	Tablets	150 mg 200 mg 250 mg 300 mg	ea ea ea	LR	* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection, for the treatment of Chronic Hepatitis B Virus infection, and also restricted to labeler code 61958 only (except for the
	Oral Powder	40 mg/1 gm oral powder	gm		300mg tablet).

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Tipranavir *	Capsules	250 mg	ea	LR	* Tipranavir is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection. Also restricted to NDC code 00597 only.
Valacyclovir HCL	Tablets	500 mg 1 gm	ea ea		
Valganciclovir HCL *	Tablets	450 mg	ea		* Valganciclovir HCL is restricted to use in the treatment of AIDS-related conditions only.
Zanamivir	Powder for inhalation	5 mg/inhalation	ea		Note : "each" means one blister of drug.
Zidovudine *	Tablets Capsules	300 mg 100 mg	ea ea	LR	* Zidovudine is restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV)
	Liquid	50 mg/5 ml	ml		infection.
	Injection	10 mg/ ml	ml		Restricted to NDC labeler codes 00173 and 49702 for capsules, liquid, and injection only.
	A	nti-Infectives: Irriga	ting Solut	tions	
Acetic Acid	Irrigating Solution	0.25 % 2 %	ml ml		
Neomycin and Polymyxin	Ampule – G.U. Irrigant		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sodium Chloride Irrigating Solution	Solution	0.9 %	ml		
		Anti-Infectives: Su	lfonamide	es	
Dapsone	Tablets	25 mg 100 mg	ea ea		
Sulfadiazine	Tablets	500 mg	ea		
Sulfasalazine	Tablets	0.5 gm	ea		
Trimethoprim and Sulfamethoxazole	Tablets Double strength tablets	80/400 mg 160/800 mg	ea ea		
	Suspension	40/200 mg per 5 ml 800/160 mg per 20 ml	ml ml		
	Injection		ml		
		Anti-Infectives: Tric	homonaci	ide	
Metronidazole	See: Antibiotics or Vaginal Preparations				
	Anti-I	nfectives: Urinary Tr	act Anti-I	nfectives	5
Methenamine Hippurate	Tablets	1 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Methenamine	Tablets	0.5 gm	ea		
Mandelate		1.0 gm	ea		
	Liquid	500 mg/5ml	ml		
Nitrofurantoin	Capsules	25 mg	ea		
	(macrocrystals only)	50 mg	ea		
		100 mg	ea		
	Capsules	100 mg	ea		
	(monohydrate/				
	macrocrystals)				
	Tablets	50 mg	ea		
		100 mg	ea		
	Liquid	5 mg/ml	ml		
Trimethoprim	Tablets	100 mg	ea		
		200 mg	ea		
	Solution	50 mg/5 ml	ml		
Trimethoprim and	Tablets	80/400 mg	ea		
Sulfamethoxazole	Double strength	160/800 mg	ea		
	tablets				
	Suspension	40/200mg per 5ml	ml		
	Injection		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Anti-Lipidemic	Agents		
Atorvastatin Calcium	Tablets	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Cholestyramine	Light powder Regular powder	210 – 268 gm can 378 gm can	gm gm		
Colesevelam HCL	Tablets Oral suspension *	625 mg 3.75 gm packet	ea ea	LR	* Restricted to NDC labeler code 65597 for the oral suspension packets only.
Colestipol Hydrochloride	Granules (bottle) Granules, flavored (bottle) Tablets	500 gm 450 gm 1 gm	gm gm ea		
Evolocumab *	Single-dose prefilled syringe Single-dose prefilled SureClick autoinjector	140 mg/ml	MI ml	LR, QL	* Restricted to 1) Use in patients aged 10 years and older to reduce low- density lipoprotein cholesterol (LDL-C); and 2) Maximum quantity of 2 prefilled syringes or 1 Kit (2 SureClick® prefilled autoinjectors) or 1 Pushtronex® system

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Single-dose Pushtronex system (on-body infusor with prefilled cartridge)	420 mg/3.5 ml	ml		(on-body infusor and prefilled cartridge) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 72511 only.
Ezetimibe	Tablets	10 mg	ea		
Ezetimibe/ Simvastatin	Tablets	10 mg/10 mg 10 mg/20 mg 10 mg/40 mg 10 mg/80 mg	ea		
Fenofibrate	Tablets	48 mg 54 mg 145 mg 160 mg	ea ea ea ea		
Fenofibrate, Micronized	Capsules	43 mg 130 mg 67 mg 134 mg 200 mg	ea ea ea ea		
Fenofibric Acid	Delayed-release capsules	45 mg 135 mg	ea ea		
Gemfibrozil	Tablets or capsules	600 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lovastatin	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Niacin	Tablets, extended release (includes film coated tablets)	500 mg 750 mg 1000 mg	ea ea ea		
Pravastatin	Tablets	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Rosuvastatin Calcium	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Simvastatin	Tablets	5 mg 10 mg 20 mg 40 mg 80 mg *	ea ea ea ea		* The 80 mg tablets are restricted to Medi-Cal beneficiaries who have been taking the 80 mg dose long term (e.g., for 12 months or longer) without evidence of muscle toxicity.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Anti-Neopla	stics		
Abemaciclib *	Tablets	50 mg 100 mg 150 mg 200 mg	ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Abiraterone Acetate *	Tablets Film-coated Tablets	125 mg * 250 mg 500 mg *	ea ea	LR	* Restricted to use in the treatment of cancer only. * For 125mg tablets, restricted to NDC labeler code 47335 only. * For film-coated tablets, restricted to NDC labeler code 57894 only.
Acalabrutinib *	Capsules Tablets	100 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Ado-Trastuzumab Emtansine *	Vial	100 mg 160 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Afatinib *	Tablets	20 mg 30 mg 40 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00597 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Alectinib *	Capsules	150 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Alitretinoin *	Gel	0.1 %	gm		* Restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.
Alpelisib (Piqray) *	Tablets	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Altretamine *	Capsules	50 mg	ea		* Restricted to use in the treatment of cancer only.
Amivantamab-vmjw *	Vial	350 mg/7 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894.
Anastrozole	Tablets	1 mg	ea		* Restricted to use in the treatment of cancer only.
Apalutamide *	Tablets	60 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Arsenic Trioxide *	Injection	1 mg/ml 12 mg/6 ml	ml ml	LR	* Restricted to use in the treatment of cancer only and to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 63459 only.
Asciminib *	Film-coated tablets	20 mg 40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Asparaginase Erwinia Chrysanthemi (Recombinant- Rywn) *	Vial	10 mg/0.5 ml	ea		* Restricted to use in the treatment of cancer only and prior authorization required.
Atezolizumab *	Injection	1200 mg/20 ml 840 mg/14 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Avapritinib *	Tablets	25 mg 50 mg 100 mg 200 mg 300 mg	ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72064 only.
Avelumab *	Injection	200 mg/10 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 44087 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Axitinib *	Tablets	1 mg 5 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72064 only.
Belantamab mafodotin-blmf	Injection	100 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00173 only.
Belzutifan *	Tablets	40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.
Bendamustine HCL *	Powder for Injection	25 mg 100 mg	ea ea	LR	* Restricted to use in the treatment of cancer only and to NDC labeler code 63459 only.
	Injection	45 mg/0.5 ml 180 mg/2 ml 100 mg/4 ml	ml ml ml		
Bevacizumab *	Injection	25 mg/ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Bicalutamide *	Tablets	50 mg	ea		* Restricted to use in the treatment of cancer only.
Binimetinib *	Tablets	15 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 70255 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bleomycin Sulfate	Injections	15 Units/Ampule	ea		
Blinatumomab*	Injection kit	35 mcg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.
Bortezomib *	Powder for Injection	3.5 mg/vial	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.
Bosutinib *	Tablets	100 mg 400 mg 500 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Brigatinib *	Tablets	30 mg 90 mg 180 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.
	Tablets (starter pack)	90 mg/180 mg (7x90 mg/bottle and 23x180 mg/bottle)	ea		Note : "ea" means total number of tablets.
Busulfan *	Tablets*	2 mg	ea	LR	* Restricted to use in the treatment of cancer only.
	Injection	6 mg/ml	ml		* Tablets also restricted to NDC labeler code 76388 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cabazitaxel *	Kit for Injection	60 mg/1.5 ml	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.
Cabozantinib S-Malate*	Capsules	60 mg daily-dose carton (84x20 mg) 100mg daily-dose carton (28x80 mg and 28x20 mg) 140mg daily-dose carton (28x80 mg and 84x20 mg)	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 42388 only. Note: "ea" means tablet or capsule.
	Tablets	20 mg 40 mg 60 mg	ea ea ea		
Capecitabine *	Tablets	150 mg 500 mg	ea ea	LR	* Restricted to use in the treatment of cancer and also restricted to NDC labeler code 00004 only.
Capmatinib *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Carboplatin	Injection	10 mg/ml	ml		
	Powder for Injection	50 mg/vial 150 mg/vial 450 mg/vial	ea ea ea		
Carfilzomib *	Injection	10 mg 30 mg 60 mg	ea ea ea		* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76075 only.
Carmustine	Powder for Injection	100 mg/vial	ea		
Cemiplimab-Rwlc *	Injection	350 mg/7 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 61755 only.
Ceritinib *	Capsule Tablets	150 mg 150 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Cetuximab *	Injection	100 mg/50 ml 200 mg/100 ml	ml ml		* Restricted to use in the treatment of cancer only.
Chlorambucil *	Tablets	2 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 only.
Cisplatin	Powder for Injection	10 mg/vial 50 mg/vial	ea ea		
	Injection	1.0 mg/ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cladribine	Injection	1mg/ml	ml		
Cobimetinib *	Tablets	20 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Copanlisib *	Lyophilized solid	60 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.
Crizotinib *	Capsules	200 mg 250 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Cyclophosphamide	Injection	100 mg/10 ml 200 mg/20 ml 500 mg/30 ml	ea ea ea		
	Tablets/Capsules	25 mg 50 mg	ea ea		
	Powder for Injection	1000 mg/vial 2000 mg/vial	ea ea		
	Lyophilized	100 mg/vial 200 mg/vial 500 mg/vial 1000 mg/vial	ea ea ea		
		2000 mg/vial	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cytarabine	Powder for Injection	100 mg/vial 500 mg/vial 1 gm/vial 2 gm/vial	ea ea ea ea		
Dabrafenib *	Capsules	50 mg 75 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Dacarbazine	Powder for Injection	100 mg/vial 200 mg/vial 500 mg/vial	ea ea ea		
Dacomitinib	Tablets	15 mg 30 mg 45 mg	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Daratumumab *	Injection	100 mg/5 ml 400 mg/20 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 only.
Daratumumab and Hyaluronidase-Fihj *	Injection	1800 mg/30,000 units/15 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 57894 only.
Darolutamide *	Tablets	300 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Dasatinib *	Tablets	20 mg 50 mg 70 mg 80 mg 100 mg 140 mg	ea ea ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Daunorubicin Citrate Liposome	Injection		ml		
Daunorubicin HCL	Injection Powder for Injection		ml ea		
Decitabine *	Injection	50 mg/vial	ea		* Restricted to use in the treatment of cancer only.
Degarelix *	Powder for Injection	80 mg/vial/kit 120 mg/vial/kit	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55566 only.
Docetaxel *	Injection, concentrate	20 mg/0.5 ml 80 mg/2 ml 20 mg/ml 80 mg/4 ml	ml ml ml ml		* Restricted to use in the treatment of cancer only.
Dostarlimab-gxly *	Injection	500 mg/10 ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to labeler code 00173.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Doxorubicin HCL	Injection		ml		
	Powder for Injection		ea		
Doxorubicin HCL Liposome *	Injection	20 mg/10 ml 50 mg/10 ml	ml ml		* Restricted to use in the treatment of cancer only.
Durvalumab *	Injection	500 mg/10 ml 120 mg/2.4 ml	ml ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Duvelisib *	Capsules	15 mg 25 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 71779 and 73116.
Elotuzumab *	Powder for injection	300 mg 400 mg	ea	LR	* Elotuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Encorafenib *	Capsules	75 mg	ea	LR	* Encorafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 70255 only.
Entrectinib *	Capsules	100 mg 200 mg	ea	LR	*Entrectinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only
Enzalutamide *	Capsules	40 mg	ea	LR	*Enzalutamide is restricted to use in the treatment of cancer only. Also restricted
	Tablets	40 mg 80 mg	ea ea		to NDC labeler code 00469 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Epirubicin HCL	Injection	2 mg/ml	ml		
Erdafitinib *	Tablets	3 mg 4 mg 5 mg	ea	LR	* Erdafitinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.
Eribulin Mesylate *	Injection	0.5 mg/ml	ml		* Eribulin Mesylate is restricted to use in the treatment of cancer only.
Erlotinib *	Tablets	25 mg 100 mg 150 mg	ea ea ea		* Erlotinib is restricted to use in the treatment of cancer only.
Estradiol	See: Estrogens & Combinations				
Estramustine Phosphate	Capsules	140 mg	ea		
Etoposide	Injection		ml		
	Capsules		ea		
Etoposide Phosphate	Powder for injection		ea		
Everolimus *	Tablets	2.5 mg 5 mg 7.5 mg 10 mg	ea ea ea	LR	* Everolimus is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets for oral suspension	2 mg 3 mg 5 mg	ea ea ea		
Exemestane	Tablets	25 mg	ea		
Fam-Trastuzumab Deruxtecan-Nxki *	Powder for injection	100 mg	ea	LR	* Fam-Trastuzumab Deruxtecan-nxki is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65597 only
Floxuridine	Powder for injection	500 mg/vial			
Fludarabine Phosphate	Powder for injection	50 mg/vial	ea		
	Tablets	10 mg	ea		
Fluorouracil	Injection	50 mg/ml, 10 ml 50 mg/ml, 20 ml 50 mg/ml, 50 ml 50 mg/ml, 100 ml	ml ml ml ml		
	Solution, topical	1 % 2 % 5 %	ml ml ml		
	Cream	1 % 5 %	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Flutamide	Capsules	125 mg	ea		
Fulvestrant *	Injection	50 mg/ml	ml	LR	* Fulvestrant is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Gefitinib *	Tablets	250 mg	ea	LR	* Gefitinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Gemcitabine HCL *	Powder for Injection	200 mg/vial 1 gm/vial	ea		* Gemcitabine HCL is restricted to use in the treatment of cancer only.
Gilteritinib *	Tablets	40 mg	ea	LR	* Gilteritinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00469 only.
Glasdegib *	Tablets	25 mg 100 mg	ea ea	LR	* Glasdegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Hydroxyurea	Capsules	200 mg 300 mg 400 mg 500 mg	ea ea ea		
	Tablets *	100 mg 1000 mg	ea ea	AL, LR	* Restricted to patients 2-17 years of age with sickle cell anemia for the tablets only. Also restricted to NDC labeler code 71770 only for tablets.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ibrutinib *	Capsules	140 mg 70 mg	ea	LR	* Ibrutinib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 57962 only.
	Tablets	140 mg 280 mg 420 mg 560 mg	ea		to NDC labeler code 37 302 only.
Idelalisib *	Tablets	100 mg 150 mg	ea ea	LR	* Idelalisib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 61958 only.
Ifosfamide	Powder for Injection	1 gm/vial 3 gm/vial	ea		
Ifosfamide With Mesna	Combo pack injection		Each package		
Imatinib Mesylate *	Tablets	100 mg 400 mg	ea		* Imatinib Mesylate is restricted to use in the treatment of cancer only for all strengths and dosage forms.
Imiquimod	Cream pack	5 %	ea		
Infigratinib *	Capsule 21-Day Dose Pack (25 mg & 100 mg capsules)	50 mg 75 mg 100 mg 100 mg/25 mg	ea ea ea ea		* Restricted to use in the treatment of cancer only. Prior authorization required.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Inotuzumab Ozogamcin*	Injection	0.9 mg/vial	ea	LR	* Inotuzumab Ozogamcin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00008 only.
Interferon Alfa-2a	Injection		ml		
	Injection, prefilled syringe		ea		
	Powder for injection		ea		
Interferon Alfa-2b	Injection		ml		
	Powder for injection		ea		
	Injection kit		ea		
	Injection pen		ml		
Ipilimumab *	Injection	50 mg/10 ml 200 mg/40 ml	ml ml	LR	* Ipilimumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Irinotecan HCL	Injection		ml		
Irinotecan Liposome *	Injection	43 mg/10 ml	ml	LR	* Irinotecan is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 15054 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Isatuximab-Irfc *	Injection	100 mg/ 5 ml 500 mg/25 ml	ml ml	LR	* Isatuximab-Irfc is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.
Ivosidenib *	Tablets	250 mg	ea		* Restricted to the use in the treatment of cancer and PA required.
Ixabepilone *	Injection kit	15 mg 45 mg	ea ea		* Ixabepilone is restricted to use in the treatment of cancer only.
lxazomib *	Capsules	2.3 mg 3 mg 4 mg	ea ea ea		* Ixazomib is restricted to use in the treatment of cancer only.
Lanreotide Acetate *	Injection	60 mg/0.2 ml 90 mg/0.3 ml 120 mg/0.5 ml	ml ml ml	LR	* Lanreotide Acetate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 15054 only.
Lapatinib *	Tablets	250 mg	ea	LR	* Lapatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Larotrectinib *	Capsules	25 mg 100 mg	ea ea	LR	* Larotrectinib is restricted to use in the treatment of cancer only. Also restricted
	Oral solution	20 mg/ml	ml		to NDC labeler codes 71777 and 50419 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lenvatinib *	Capsules	4 mg/day 8 mg/day 10 mg/day 14 mg/day 18 mg/day 20 mg/day 24 mg/day	ea	LR	* Lenvatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 62856 only. Note: "each" means capsule
Letrozole *	Tablets	2.5 mg	ea		* Letrozole is restricted to use in the treatment of cancer only.
Leuprolide Acetate *	Injection, prefilled dual chamber syringe	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Leuprolide Acetate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00074.
	Syringe Kit (Eligard®)	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Leuprolide Acetate (Eligard®) is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 62935.
Leuprolide Mesylate *	Syringe	42 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 69448.
Loncastuximab Tesirine-LPYL *	Injection	10 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler Code 79952 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lorlatinib *	Tablets	25 mg 100 mg	ea ea	LR	* Lorlatinib is restricted use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Margetuximab- cmkb *	Vial	250 mg/10 mL	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 74527.
Mechlorethamine HCL *	Topical gel	0.016 %	gm		* Mechlorethamine Hydrochloride is restricted to use in the treatment of cancer only.
Medroxyprogestero ne Acetate	See: Progestins & Combinations				
Megestrol Acetate	Tablets	20 mg 40 mg	ea ea		
	Suspension	40 mg/ml	ml		
Melphalan	Tablets	2 mg	ea		
Mercaptopurine	Tablets	50 mg	ea		
Methotrexate	Injection	2.5 mg/ml, 2 ml 25 mg/ml, 2 ml 2.5mg/ml, 4 ml 25 mg/ml, 8 ml 25 mg/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets	2.5 mg 5 mg * 7.5 mg * 10 mg * 15 mg *	ea ea ea ea	LR	* The 5 mg, 7.5 mg, 10 mg and 15 mg tablets are restricted to use in the treatment of cancer only and to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 51285 only.
	Oral solution * Powder for injection	2.5 mg/ml 20 mg/vial 50 mg/vial 100 mg/vial 250 mg/vial	ml ea ea ea ea	LR	* Methotrexate oral solution is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 52652 only.
Midostaurin *	Capsules	25 mg	ea	LR	* Midostaurin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. Note: "each" means number of capsules per carton of either 56 or 112.
Mitomycin *	Powder for injection	5 mg/vial 20 mg/vial 40 mg/vial	ea ea ea	LR	* Mitomycin is restricted to use in the treatment of cancer only.
	Single-dose carton*	(40 mg x 2)	ea		* Lyophilized powder for pyelocalyceal solution. Restricted to NDC labeler code 72493 only.
Mitotane	Tablets	500 mg	ea		

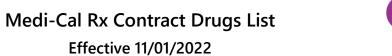
Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Mitoxantrone	Injection	2 mg/ml, 10 ml 2 mg/ml, 12.5 ml 2 mg/ml, 15 ml	ml ml ml		
Mobocertinib *	Capsules	40 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020 only.
Moxetumomab Pasudotox-Tdfk *	Injection	1 mg	ea	LR	* Moxetumomab Pasudotox-Tdfk is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Necitumumab *	Injection	800 mg/50 ml	ml	LR	* Necitumumab is restricted to use in the treatment of cancer only. Necitumumab is also restricted to NDC labeler code 00002 only.
Nelarabine *	Injection	5 mg/ml	ml	LR	* Nelarabine is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
Nilotinib *	Capsules	50 mg 150 mg 200 mg	ea ea ea	LR	* Nilotinib is restricted to use in the treatment of cancer only for all strengths. Also restricted to NDC labeler code 00078 only.
Nilutamide *	Tablets	150 mg	ea		* Nilutamide is restricted to use in the treatment of cancer only.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Niraparib *	Capsules	100 mg	ea	LR	* Niraparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 69656 only.
Nivolumab *	Injection	40 mg/4 ml 100 mg/10 ml 240 mg/24 ml	ml ml ml	LR	* Nivolumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Nivolumab, Relatlimab *	Vial	240 mg-80 mg/ 20 ml	ml	LR	* Nivolumab, Relatlimab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00003 only.
Obinutuzumab *	Injection	25 mg/ml	ml	LR	* Obinutuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Ofatumumab *	Injection	100 mg/5 ml 1000 mg/50 ml	ml	LR	* Ofatumumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Olaparib *	Capsules Tablets	50 mg 100 mg 150 mg	ea ea	LR	* Olaparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Omacetaxine Mepesuccinate *	Powder for injection	3.5 mg	ea	LR	* Omacetaxine Mepesuccinate is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 63459 only.
Osimertinib *	Tablets	40 mg 80 mg	ea	LR	* Osimertinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00310 only.
Oxaliplatin *	Injection	5 mg/ml	ml		* Oxaliplatin is>> restricted to use in the treatment of cancer only.
Paclitaxel, Semi- Synthetic	Injection		ml		
Palbociclib *	Capsules and tablets	75 mg 100 mg 125 mg	ea	LR	* Palbociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Panobinostat *	Capsules	10 mg 15 mg 20 mg	ea	LR	* Panobinostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 73116 only.
Panitumumab *	Injection	100 mg/5 ml 200 mg/10ml 400 mg/20 ml	ea ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Pazopanib Hydrochloride *	Tablets	200 mg	ea	LR	* Pazopanib Hydrochloride is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078.
Pegaspargase	Injection	750 units/ml	ml		
Pembrolizumab *	Powder for injection	50 mg/vial	ea	LR	* Pembrolizumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006
	Solution for injection	100 mg/4 ml	ml		only.
Pemetrexed *	Powder for injection	100 mg/vial 500 mg/vial	ea	LR	* Pemetrexed is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Pentostatin	Powder for injection	10 mg/vial	ea		
Pertuzumab *	Injection	420 mg/14 ml	ml	LR	* Pertuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Pertuzumab, Trastuzumab and	Subcutaneous Injection	600 mg/600 mg/ 20,000 units/10ml	ml	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC
Hyaluronidase-Zzxf *		1200 mg/600 mg/ 30,000 units/15ml	ml		labeler code 50242 only.
Pexidartinib *	Capsules	200 mg	ea	LR	* Pexidartinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 65597 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Polatuzumab Vedotin-Piiq *	Injection	140 mg	ea	LR	* Polatuzumab Vedotin-Piiq is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 50242 only.
Ponatinib *	Tablets	10 mg 15 mg 30 mg 45 mg	ea	LR	* Ponatinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63020.
Porfimer Sodium	Powder for injection		ea		
Pralsetinib *	Capsules	100 mg	ea	LR	* Pralsetinib is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 72064 & 50242 only.
Procarbazine	Capsules	50 mg	ea		
Ramucirumab *	Injection	100 mg/10 ml 500 mg/50 ml	ml ml	LR	* Ramucirumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00002 only.
Regorafenib *	Tablets	40 mg	ea	LR	* Regorafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50419 only.
Relugolix *	Tablets	120 mg	ea		* Relugolix is restricted to use in the treatment of cancer only.

Medi-Cal Rx Contract Drugs List



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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ribociclib *	Tablets	600mg daily dose (3 x 21 tablet blister packs) 400mg daily dose (3 x 14 tablet blister packs)	ea	LR	* Ribociclib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only. Note: "each" means number of tablets per box of either 63, 42 or 21.
		200mg daily dose (1 x 21 tablet blister packs)	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ribociclib and Letrozole*	Tablets	600mg daily dose (3x21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea	LR	* Ribociclib and Letrozole is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 only.
		400mg daily dose (3x14 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea		Note : "each" means total number of tablets carton of either 91, 70 or 49.
		200mg daily dose (1x21 tablet blister packs) and 2.5 mg (bottle of 28 tablets)	ea		
Ripretinib *	Tablets	50 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 73207 only.
Rituximab *	Injection	10 mg/ml	ml	LR	* Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler code 50242 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Rituximab-ABBS *	Injection	100 mg/10 ml 500 mg/50 ml	ea ea	LR	* Rituximab is restricted to use in the treatment of cancer. Also restricted to NDC labeler 63459 only.
Rituximab and Hyaluronidase Human *	Injection	1400 mg/23400 units/11.7 ml 1600 mg/26800 units/13.4 ml	ml ml	LR	* Rituximab and Hyaluronidase Human is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Ropeginterferon alfa-2b-njft *	Syringe	500 mcg/ml	ml	LR	* Restricted to use in cancer only. Prior authorization required.
Sacituzumab Govitecan-hziy *	Vial	180 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55135.
Selpercatinib *	Capsules	40 mg 80 mg	ea ea	LR	* Selpercatinib is restricted to use in the treatment of cancer only. Selpercatinib is also restricted to NDC labeler code 00002 only.
Sirolimus protein-bound *	Vial	100 mg	ea	LR	* Restricted to use in cancer only. Also restricted to NDC labeler code 80803.
Sonidegib *	Capsules	200 mg	ea	LR	* Sonidegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00078 and 47335 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sorafenib *	Tablets	200 mg	ea	LR	* Sorafenib is restricted to use in the treatment of cancer only.
Sotorasib *	Tablets	120 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513.
Streptozocin	Powder for injection	1 gm/vial	each		
Sunitinib Malate *	Capsules	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea	LR	* Sunitinib Malate is restricted to use in the treatment of cancer and also restricted to NDC labeler code 00069 only.
Talazoparib *	Capsules	0.25 mg 0.5 mg 0.75 mg 1 mg	ea ea ea ea	LR	* Talazoparib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00069 only.
Talimogene Laherparepvec	Injection	10 ⁶ (1 million) PFU/ml 10 ⁸ (100 million) PFU/ml	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 55513 only.
Tamoxifen Citrate	Tablets	10 mg 20 mg	ea ea		
Tazemetostat *	Tablets	200 mg	ea	LR	* Tazemetostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72607 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Temozolomide *	Capsules	5 mg 20 mg 100 mg 140 mg 180 mg 250 mg	ea ea ea ea ea		* Temozolomide is restricted to use in the treatment of cancer only.
	Powder for injection	100 mg/vial	ea		
Temsirolimus *	Injection Kit	25 mg/ ml	ml	LR	* Temozolomide is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00008 only.
Teniposide	Injection		ml		
Tepotinib *	Tablets	225 mg	ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 44087.
Testosterone *	Injection in aqueous susp.	25 mg/ ml 50 mg/ ml 100 mg/ ml	ml ml ml		* Testosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Injection in oil	25 mg/ ml 50 mg/ ml 100 mg/ ml 200 mg/ml, 1 ml/vial 200 mg/ml, 10 ml/vial	ml ml ml ml		(congenital or acquired), delayed puberty or metastatic mammary cancer in females. Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Thioguanine *	Tablets	40 mg	ea	LR	* Thioguanine is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 76388 only.
Thiotepa	Injection	15 mg	ea		
Tisotumab Vedotin- TFTV *	Injection	40 mg	ea		* Restricted to use in the treatment of cancer only. Prior authorization required.
Tivozanib *	Capsules	0.89 mg 1.34 mg	ea ea	LR	* Restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 45629 only.
Topotecan HCL *	Capsules *	0.25 mg * 1 mg *	ea ea	LR	* Topotecan HCL is restricted to use in the treatment of cancer only.
	Powder for injection	4 mg/vial	ea		* Topotecan HCL capsules are restricted to labeler code 00078 only.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Trabectedin *	Vial	1 mg	ea	LR	* Trabectedin is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 59676 only.
Trametinib *	Tablets	0.5 mg 2 mg	ea ea	LR	* Trametinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00078 or 00173 only.
Trastuzumab *	Powder for injection	150 mg	ea	LR	* Trastuzumab is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Trastuzumab-pkrb *	Injection	150 mg 20 mg	ea ea	LR	* Trastuzumab-pkrb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 63459 only.
Trastuzumab and Hyaluronidase-oysk *	Injection	600 mg/10,000 units	ml	LR	* Trastuzumab and Hyaluronidase-oysk are restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Trastuzumab-dttb *	Injection	150 mg 420 mg	ea ea	LR	* Trastuzumab-dttb is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00006 and 78206 only.
Tretinoin	Capsules		ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Triptorelin Pamoate *	Powder for injection	3.75 mg/vial 11.25 mg/vial 22.5 mg/vial	ea ea ea	LR	* Triptorelin Pamoate is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 74676. Note: All Triptorelin Pamoate dosage forms should be billed in units of "each" and package quantities of "1".
Vandetanib *	Tablets	100 mg 300 mg	ea ea	LR	* Vandetanib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler codes 00310 and 58468 only.
Vemurafenib *	Film-coated Tablets	240 mg	ml	LR	* Vemurafenib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Venetoclax *	Tablets	10 mg 50 mg 100 mg	ea ea ea	LR	* Venetoclax is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00074 only
	Tablets, Starting Pack (42 tablets/pack)	14 x 10 mg 7 x 50 mg 21 x 100 mg	ea ea ea		
Vinblastine Sulfate	Injection Powder for injection	1 mg/ml, 10 ml 10 mg/vial	ml ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Vincristine Sulfate	Injection	1 mg/1 ml 2 mg/2 ml	ml ml		
Vinorelbine Tartrate			ea		
Vismodegib *	Capsules	150 mg	ea	LR	* Vismodegib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 50242 only.
Vorinostat *	Capsules	100 mg	ea	LR	* Vorinostat is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00006 only.
Zanubrutinib *	Capsules	80 mg	ea	LR	* Zanubrutinib is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 72579 only.
Ziv-Aflibercept *	Injection	100 mg/4 ml 200 mg/8 ml	ml ml	LR	* Ziv-Aflibercept is restricted to use in the treatment of cancer only. Also restricted to NDC labeler code 00024 only.
		Anti-Platelet A	Agents		
Aspirin *	Tablets or Capsules, long-acting	800 mg	ea		* Restricted to use for arthritis.
	Tablets or Capsules, enteric-coated	975 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Aspirin/Extended- Release Dipyridamole	Capsules	25 mg/200 mg	ea		
	А	utonomic Drugs: An	ti-Asthma	atics	
Albuterol Sulfate	Tablets or Capsules	2 mg 4 mg	ea ea		
	Long-acting Tablets	4 mg 8 mg	ea ea		
	Inhaler (without chlorofluorocarbons as the propellant)	6.7 gm 8.5 gm 18 gm	gm gm gm		
	Solution for inhalation	0.5%, 20 ml 2.5 mg/0.5 ml	ml ml		
	Solution for inhalation, premixed	0.083% 1.25 mg/3 ml 0.63 mg/3 ml	ml ml ml		
	Syrup	2 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Capsules for inhalation with inhalation device	Package containing 96 or 100 Capsules and one inhalation device	ea capsule		
	Capsules only, for inhalation		ea		
	Inhaler	90 mcg	ea		
Aminophylline	Injection	250 mg 500 mg	ml ml		
	Suppository	0.25 gm 0.5 gm	ea ea		
	Tablets	100 mg 200 mg	ea ea		
	Liquid	105 mg/5 ml	ml		
Beclomethasone Dipropionate	Oral Inhaler *	40 mcg/actuation 10.6 gm or 8.7gm	gm	LR	* Restricted to NDC labeler code 59310 for the oral inhaler only.
		80 mcg/actuation 10.6 gm or 8.7gm	gm		
	Inhalation Aerosol	40 mcg 80 mcg	gm gm		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Budesonide	Oral Powder for Inhalation *	90 mcg/ Inhalation 60 Inhalations/ container 180 mcg/ Inhalation 120 Inhalations/ container	ea	LR, QL	* Restricted to a maximum quantity per dispensing of one container in any 30-day period for the 90 mcg/inhalation strength. Also restricted to brand name Pulmicort with NDC labeler code 00186 for the oral powder for inhalation only. Note: The billing unit for this product is each container.
	Suspension for Inhalation	0.25 mg/2 ml ampule 0.5 mg/2 ml ampule 1.0 mg/2 ml ampule	ml ml ml		
Budesonide/Formot erol Fumarate Dihydrate *	Inhalation Aerosol	80 mcg/4.5 mcg 10.2 gm 160 mcg/4.5 mcg 10.2 gm	gm gm	LR	* Restricted to NDC labeler code 00186 only.
Ciclesonide	Spray Pump	50 mcg	gm		
Cromolyn Sodium	Capsules	20 mg	ea		
	Inhaler	8.1 gm 14.2 gm	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Inhaler device for capsules		ea		
	Nebulizer Solution	2 ml	ml		
	Oral Concentrate	20 mg/ml	ml		
	Nasal Spray	5.2 mg	ml		
Epinephrine	Auto-injector *	1:1000, 0.3 ml 1:1000, 0.3 ml	ml ml	QL	* Auto-injectors are restricted to no more than two (2) auto-injectors per
	Injection	1:1000, 1 ml 1:1000, 30 ml	ml ml		dispensing and two (2) dispensings in any 12-month period.
Flunisolide	Inhalation Aerosol (without chlorofluorocarbons as the propellant)	80 mcg/actuation, 8.9 gm	gm		
Fluticasone Furoate	Blisters for inhalation with inhalation device	50 mcg 100 mcg 200 mcg	ea ea ea		
Fluticasone Propionate *	Oral Inhaler, without chlorofluoro-carbons	44 mcg/actuation, 10.6 gm	gm	LR	* Restricted to NDC labeler code 00173 for the oral inhaler only.
	as the propellant *	110mcg/actuation 12 gm	gm		
		220mcg/actuation 12 gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Oral powder for inhalation *	50 mcg per inhalation, 60	ea		* Restricted to NDC labeler code 00173 for the oral powder for inhalation only.
		100 mcg per inhalation, 60	ea		Note : "each" means one blister of drug.
		250 mcg per inhalation, 60	ea		
Fluticasone Propionate and Salmeterol *	Oral powder for inhalation	100 mcg/50 mcg per inhalation	60 each	LR	* Fluticasone Propionate and Salmeterol are restricted to NDC labeler code 00173 only.
Summeter 6:		250 mcg/50 mcg	60		constant.
		per inhalation	each		Note : "each" means one blister of drug.
		500 mcg/50 mcg	60		
		per inhalation	each		
	Oral Inhaler, without chlorofluorocarbons as the propellant	45 mcg/21 mcg per inhalation, 12 gm	gm		
		115 mcg/21 mcg per inhalation,	gm		
		12 gm			
		230 mcg/21 mcg	gm		
		per inhalation, 12 gm			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fluticasone/ Vilanterol	Blisters for inhalation with inhalation device	100-25 mcg 200-25 mcg	ea ea		
Glycopyrrolate and Formoterol Fumarate	Oral Inhaler	9 mcg/4.8 mcg, 10.7 gm	Gm		
Ipratropium Bromide and Albuterol Sulfate	Inhaler	4 gm 20 mcg-100 mcg	gm gm		
	Solution for inhalation	0.5 mg/3.0 mg, 3 ml	ml		
Ipratropium Bromide	HFA inhaler *	12.9 gm	gm	LR	* Restricted NDC labeler code 00597 for the HFA inhaler only.
	Inhalant solution	0.02 %, 2.5 ml	ml		
Levalbuterol HCL	Inhalation solution	0.31 mg 0.63 mg 1.25 mg	ml ml ml		
Levalbuterol Tartrate	Oral Inhaler without Chlorofluorocarbons as the Propellant	15 gm	ea		
Metaproterenol	Inhalant solution	0.6%, 2.5 ml 5%, 10 ml 5%, 30 ml	ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets	10 mg 20 mg	ea ea		
	Liquid	10 mg/ 5 ml	ml		
Mometasone Furoate	Aerosol inhaler with adapter	50 mcg 100 mcg 200 mcg	gm gm gm		
	Oral powder for inhalation	110 mcg, 30 dose 220 mcg, 14 dose 220 mcg, 30 dose 220 mcg, 60 dose 220 mcg, 120 dose	ea ea ea ea		
Mometasone/ Formoterol	Aerosol inhaler with adapter	50 mcg-5 mcg 100 mcg-5 mcg 200 mcg-5 mcg	gm gm gm		
Mometasone Furoate and Formoterol Fumarate Dihydrate	Oral inhaler	100 mcg/5 mcg per actuation/ 13 gm 200 mcg/5 mcg per actuation/ 13 gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Montelukast Sodium	Granules	4 mg	ea		
	Chewable tablets	4 mg 5 mg	ea ea		
	Tablets	5 mg 10 mg	ea ea		
Salmeterol Xinafoate	Inhalation powder *	60s	ea	LR	* The inhalation powder is restricted to NDC labeler code 00173.
Terbutaline	Tablets	2.5 mg 5 mg	ea ea		
	Injection	1 mg/ ml	ml		
	Aerosol inhaler with adapter	7.5 ml	ml		
	Aerosol inhaler without adapter	7.5 ml	ml		
Theophylline	Tablets or capsules		ea	QL	Note : Payment limited to a minimum
	Long-acting tablets or capsules		ea		dispensing quantity of 480 milliliter. See California Code of Regulations (CCR), Title 22, Section 51513(b)(5) regarding
	Oral Liquid Dosage Forms		ml		exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Tiotropium Bromide *	Capsules for inhalation with inhalation device	Package containing 30 or 90 Capsules and one inhalation device	each capsule	LR	* Tiotropium Bromide is restricted to NDC labeler code 00597 only.
	Inhaler	1.25 mcg, 4 gm 2.5 mcg, 4 gm	gm gm		
Umeclidinium/ Vinlanterol	Blisters for inhalation with inhalation device	62.5 mcg-25 mcg	ea		
		Autonomic Drugs: A	Anti-Emet	ics	
Aprepitant *	Capsules Tri-Fold Pack *	40 mg * 80 mg 125 mg 1 x 125 mg 2 x 80 mg	ea ea ea ea	QL	* The 40 mg capsules are restricted to use for the prevention of postoperative nausea and vomiting and limited to a maximum of one capsule per dispensing, not to exceed one dispensing in any 30-day period. * Restricted to use in cancer patients and to a maximum of either 1) one trifold pack per dispensing, or 2) one 125 mg capsule and/or two 80 mg capsules per dispensing.
Chlorpromazine *	See: Antipsychotics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diphenhydramine Hydrochloride	Injection	50 mg/ml 10 mg/ml	ml ml		
	Tablets or Capsules	50 mg	ea		
Dolasetron Mesylate	Injection *	100 mg/5 ml, 5 ml	ml	QL	* Restricted to a maximum of 5 ml per dispensing.
	Tablets *	50 mg 100 mg	ea ea		* Restricted to a maximum of 3 tablets per dispensing.
Doxylamine/ Pyridoxine HCL *	Tablets, delayed release	10 mg/10 mg	ea	LR, QL	* Restricted to use in the treatment of nausea and vomiting of pregnancy in women. Also restricted to a maximum quantity of 60 tablets per dispensing and a maximum of two (2) dispensings in any 12-month period. Also restricted to NDC labeler code 55494 only.
Granisetron Hydrochloride	Injection *	1 mg/ml, 1 ml	ml	QL	* Granisetron Hydrochloride injection is restricted to a maximum of 1 ml per dispensing.
	Tablets *	1 mg	ea		* Granisetron Hydrochloride tablets are restricted to a maximum of 6 tablets per dispensing.
Meclizine HCL	Tablets	25 mg	ea		
	Tablets, chewable	25 mg	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ondansetron	Injection*	2 mg/ml, 2 ml	ml		* The 2 mg/ml, 2 ml injection is
	Tablets	4 mg 8 mg	ea ea		restricted to a maximum of 16 mg per dispensing.
	Tablets, orally disintegrating	4 mg 8 mg	ea ea		
	Liquid	4 mg/5 ml	ml		
Perphenazine *	See: Antipsychotics				
Prochlorperazine	Injection	5 mg/ml	ml		
	Injection, Prefilled Syringe		ml		
	Tablets	5 mg	ea		
		10 mg	ea		
		25 mg	ea		
	Liquid	5 mg/5 ml	ml		
	Capsules, Sustained	10 mg	ea		
	Release	15 mg	ea		
		30 mg	ea		
	Suppositories	2.5 mg	ea		
		5 mg	ea		
		25 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	1	Autonomic Drugs: A	ntihistami	ines	
Azelastine HCL	Nasal Spray	137 mcg (0.1 %)	ml		
	Nasal Spray	0.15 %	ml		
	Ophthalmic Solution	0.05 %	ml		
Cetirizine HCL	Droperette	0.24 %	ea		
Chlorpheniramine Maleate	Tablets	4 mg	ea		
Cyproheptadine HCL	Tablets	4 mg	ea		
	Oral Liquid Dosage Forms	2 mg/5 ml	ml		
Desloratadine	Tablets	5 mg	ea		
Diphenhydramine HCL	Injection	50 mg/ml 10 mg/ml	ml ml		
	Tablets or	25 mg	ea		
	Capsules	50 mg	ea		
	Liquid	12.5 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fexofenadine HCL	Tablets	60 mg	ea		
	Suspension	30 mg/5 ml	ml		
Levocetirizine Dihydrochloride	Tablets	5 mg	ea		
Loratadine	Tablet	10 mg	ea		
	Chewable tablets	5 mg	ea		
	Rapid tablets	10 mg	ea		
	Solution	5 mg/5 ml	ml		
Olopatadine HCL	Nasal spray	0.6%	gm		
Olodaterol HCL *	Inhaler	2.5 mcg, 4 gm	gm	LR	* Olodaterol HCL is NDC labeler code 00597 only.
Promethazine *	Injection	25 mg/ml, 1 ml 25 mg/ml, 10 ml 50 mg/ml	ml ml ml	AL	*Promethazine is restricted to individuals 2 years of age or older.
	Tablets	12.5 mg 25 mg 50 mg	ea ea ea		
	Oral Liquid Dosage Forms	6.25 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Suppositories	12.5 mg 25 mg 50 mg	ea ea ea		
Tiotropium Bromide/ Olodaterol HCL *	Inhaler	2.5 mg/2.5 mcg, 4 gm	gm		* Tiotropium Bromide and Olodaterol HCL is restricted to NDC labeler code 00597 only.
	Αι	itonomic Drugs: Ant	i-Parkinso	onism	
Amantadine *	Capsules	100 mg	ea	AL	* Use in beneficiaries less than 2 years of age requires prior authorization
	Liquid	50 mg/5 ml	ml		approval.
Benztropine Mesylate *	Injection	1 mg/ml	ml	AL	* Use in beneficiaries less than 18 years of age requires prior authorization
	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		approval.
Carbidopa	Tablet	25 mg	ea		
Carbidopa and Levodopa *	Tablets	10 mg/100 mg 25 mg/100 mg 25 mg/250 mg	ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
	Tablets, long-acting	25 mg/100 mg 50 mg/200 mg	ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Carbidopa and Levodopa and Entacapone *	Tablets	12.5 mg/50 mg/ 200 mg 25 mg/100 mg/ 200 mg 37.5 mg/150 mg/ 200 mg	ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Entacapone *	Tablets	200 mg	ea	AL	* Use of Entacapone in beneficiaries less than 18 years of age requires prior authorization approval.
Pramipexole Dihydrochloride *	Tablets Tablets, extended-release	0.125 mg 0.25 mg 0.5 mg 1.0 mg 1.5 mg 0.375 mg 0.75 mg	ea	AL	* Use of Pramipexole Dihydrochloride in beneficiaries less than 18 years of age requires prior authorization approval.
		1.5 mg 3.0 mg 4.5 mg			

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ropinirole HCL *	Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 5 mg	ea ea ea ea ea ea	AL	* Use of Ropinirole HCL in beneficiaries less than 18 years of age requires prior authorization approval.
	Tablets, extended release	2 mg 4 mg 6 mg 8 mg 12 mg	ea ea ea ea		
Selegiline HCL *	Tablets	5 mg	ea	AL	* Use of Selegiline HCL in beneficiaries less than 18 years of age requires prior authorization approval.
Trihexyphenidyl HCL *	Tablets	2 mg 5 mg	ea ea	AL	* Use of Trihexyphenidyl Hydrochloride in beneficiaries less than 6 years of age requires prior authorization approval.
	Liquid	2 mg/5 ml	ml		requires prior dutilonization approvai.
		Autonomic Drugs	: Migrain	e	
Ergotamine Tartrate and Caffeine	Tablets		ea		
	Suppositories		ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fremanezumab- VFRM *	Prefilled autoinjector	225 mg/1.5 ml 225 mg/1.5 ml x 3	ml ml	LR	* Restricted to use for the preventative treatment of migraine only. Also
	Prefilled syringe	225 mg/1.5 ml	ml		restricted to labeler code 51759 only.
Galcanezumab- Gnlm *	Injection	120 mg/ml	MI	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 00002 only.
Lasmiditan Succinate *	Tablets	50 mg 100 mg	ea ea	LR, QL	* Restricted to 1) Acute treatment of migraine headache; 2) Maximum quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 00002 only.
Rimegepant *	Tablets, orally disintegrating	75 mg	ea	LR, QL	* Restricted to 1) Acute treatment of migraine headache; 2) Maximum quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 72618 only.
Rizatriptan *	Tablets	5 mg 10 mg	ea ea	QL	* Rizatriptan is restricted to a maximum quantity per dispensing of nine (9)
	Tablets, orally disintegrating	5 mg 10 mg	ea ea		tablets.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I			
Sumatriptan *	Nasal Spray	5 mg 20 mg	ea ea	QL	* Sumatriptan is restricted to a maximum quantity per dispensing of six (6) spray containers and a maximum of three (3) dispensings in any 12-month period.			
Sumatriptan Succinate	Injection (kit or refill) Tablets	4 mg * 6 mg * 25 mg * 50 mg * 100 mg *	ml ml ea ea ea	QL	* The 4 mg and 6 mg injections (kit or refill) are restricted to a maximum quantity per dispensing of two (2) 0.5 milliliter injections (that is, one kit or one refill unit totaling 1 milliliter) and a maximum of ten (10) dispensings per patient in any 12-month period. * The 25 mg, 50 mg, and 100 mg tablets are restricted to a maximum quantity per dispensing of nine (9) tablets.			
Ubrogepant *	Tablets	50 mg 100 mg	ea ea	LR, QL	* Restricted to 1) Acute treatment of migraine headache; 2) Maximum quantity of 10 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 00023 only.			
	Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents							
Atropine	See: Ophthalmic mydriatics							

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Dicyclomine	Tablets or Capsules	10 mg 20 mg	ea ea		
	Liquid	10 mg/5 ml	ml		
Glycopyrrolate	Injection	0.2 mg/ml, 1 ml 0.2 mg/ml, 2 ml 0.2 mg/ml, 5 ml 0.2 mg/ml, 20 ml	ml ml ml ml		
	Tablets	1mg 2mg	ea ea		
Hyoscyamine Sulfate	Tablets, Sublingual tablets, and Rapid tablets	0.125 mg	ea		
	Extended-Release Tablets	0.375	ea		
Ipratropium Bromide	Nasal Spray	0.03 % 0.06 %	ml ml		
Pilocarpine HCL	Tablets	5 mg 7.5 mg	ea ea		
Propantheline Bromide	Tablets	7.5 mg 15 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I				
Auto	Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also see Ophthalmic Miotics								
Bethanechol Chloride	Tablets	5 mg 10 mg 25 mg 50 mg	ea ea ea ea						
Donepezil HCL *	Tablets or Orally Disintegrating Tablets	5 mg 10 mg	ea ea	AL	* Restricted to treatment of dementia of the Alzheimer's type. Use in beneficiaries less than 18 years of age requires prior authorization approval.				
Galantamine Hydrobromide *	Extended-Release Capsules	8 mg 16 mg 24 mg	ea ea ea	AL	* Use of Galantamine Hydrobromide in beneficiaries less than 18 years of age requires prior authorization approval. * Extended-release capsules are restricted to treatment of mild to moderate dementia of the Alzheimer's type.				
Pyridostigmine	Tablets,	60 mg 180 mg	ea						
	long acting Oral, solution	60 mg/5 ml	ml						



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Rivastigmine *	Transdermal System	4.6 mg/24 hr 9.5 mg/24 hr 13.3 mg/24 hr	ea ea ea	AL	* Rivastigmine is restricted to treatment of dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires prior authorization approval.
Rivastigmine Tartrate *	Capsules	1.5 mg 3.0 mg 4.5 mg 6.0 mg	ea ea ea	AL	* Rivastigmine Tartrate is restricted to treatment of mild to moderate dementia of the Alzheimer's type and to treatment of mild to moderate dementia associated with Parkinson's disease. Use in beneficiaries less than 18 years of age requires prior authorization approval.
	Autonomic Dru	gs: Sympatholytic (<i>A</i>	drenergi	c Blockir	ng) Agents
Ergotamine Tartrate and Caffeine	See: Migraine				
Propranolol	See: Antihypertensive				
	Autonomic D	Prugs: Sympathomin	netic (Adr	energic)	Agents
Epinephrine	See: Anti-Asthmatics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Blood	l Modifiers: Anticoa	gulant An	tagonist	
Phytonadione	Injection	10 mg/ml, 1 ml 10 mg/ml, 2.5 ml 10 mg/ml, 5 ml	ml ml ml		
	Tablets	5 mg	ea		
		Blood Modifiers: An	ticoagula	nts	
Apixaban *	Tablets	2.5 mg 5 mg	ea ea	LR	* Restricted to NDC labeler code 00003 only.
	Starter Pack Tablets	5 mg	ea		
Dabigatran Etexilate Mesylate *	Capsules	75 mg 110 mg 150 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
Enoxaparin Sodium	Prefilled syringe	30 mg 40 mg 60 mg 80 mg 100 mg 120 mg	ml		
	Vial	300 mg/3 ml	ml		

Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Injection	in 5% Dextrose and water (D5W)	ml		
Injection, premixed	in 0.9% Sodium Chloride (NS)	ml		
Vial		ea		
Tablets	5 mg 10 mg	ea ea		
Tablets	10 mg 15 mg 20 mg	ea ea ea	LR	* Rivaroxaban is restricted to NDC labeler code 50458 only.
Starter Pack Tablets	15 mg to 20 mg Tablets from 51- tablet pack	ea		
Tablets	1 mg 2 mg	ea ea		
	2.5 mg	ea		
	3 mg	ea		
	4 mg	ea		
	_	ea		
	_			
	njection njection, premixed Vial Tablets Starter Pack Tablets	njection in 5% Dextrose and water (D5W) in 0.9% Sodium Chloride (NS) Tablets 5 mg 10 mg Tablets 10 mg Tablets 15 mg 20 mg Tablets 15 mg to 20 mg Tablets from 51-tablet pack Tablets 1 mg 2 mg 2 mg 2.5 mg 3 mg	njection in 5% Dextrose and water (D5W) in 0.9% Sodium Chloride (NS) Vial ea Tablets 5 mg ea ea 10 mg ea ea 15 mg ea ea 20 mg Tablets from 51-tablet pack Tablets 1 mg ea ea 2 mg ea ea 2 mg ea ea 2.5 mg ea 4 mg ea 4 mg ea 6 7.5 mg ea ea 6 7.5 mg ea ea 6 7.5 mg ea ea 6 6 7.5 mg	Injection in 5% Dextrose and water (D5W) in 0.9% Sodium Chloride (NS) ea Tablets 5 mg ea ea ea Tablets 10 mg ea ea Tablets 15 mg ea ea 20 mg ea Tablets from 51-tablet pack Tablets 1 mg ea 2 mg ea 3 mg ea 4 mg ea 5 mg ea 7.5 mg ea 7.5 mg ea 8 ea 9 ea 10 mg ea 2 mg ea 3 mg ea 4 mg ea 5 mg ea 7.5 mg ea

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I			
Blood Modifiers: Anti-Platelet								
Clopidogrel	Tablets	75 mg	ea					
Ticagrelor *	Tablets	60 mg 90 mg	ea ea	LR	* Ticagrelor is restricted to NDC labeler code 00186 only.			
Blood Modifiers: Hematinics								
Ferrous Sulfate								
Iron Dextran Injection	Injection	2 ml	ml					
Blood Modifiers: Hematopoietic								
Epoetin Alfa *	Injection	2000 u/ml 3000 u/ml 4000 u/ml 10,000 u/ml 20,000 u/ml 40,000 u/ml	ml ml ml ml ml		* Epoetin Alfa is restricted to use for the treatment of anemia due to: zidovudine therapy, cancer chemotherapy or chronic renal failure.			
Blood Modifiers: Hemostatics								
Tranexamic Acid	Tablets	650 mg	ea					
Blood Modifiers: Thrombocytopenic								
Anagrelide Hydrochloride	Capsules	0.5 mg 1.0 mg	ea ea					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Analgesics:	Anti-Inflammatory (a	also see G	ilucocor	ticoids)
Aspirin	See: Anti-platelet Agents				
Celecoxib	Capsules	100 mg 200 mg	ea ea		
Diclofenac Sodium	Ophthalmic Solution	0.1 %	ml		
	Tablets	25 mg 50 mg 75 mg	ea ea ea		
	Gel	1%	ea		
Diflunisal	Tablets or Capsules	250 mg 500 mg	ea ea		
Fenoprofen	Tablets or Capsules	300 mg 600 mg	ea ea		
Flurbiprofen	Tablets	50 mg 100 mg	ea		
Flurbiprofen Sodium	Ophthalmic Solution	0.03 %	ml		
Ibuprofen	Tablets	400 mg 600 mg 800 mg	ea ea ea		
	Suspension	100 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Indomethacin	Capsules	25 mg 50 mg	ea ea		
	Suspension *	25 mg/ 5ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Ketoprofen *	Tablets or Capsules	25 mg 50 mg 75 mg	ea		* Ketoprofen is restricted to use for arthritis.
Meloxicam	Tablets	7.5 mg 15 mg	ea ea		
Nabumetone	Tablets	500 mg 750 mg	ea		
Naproxen	Tablets or Capsules	250 mg 375 mg 500 mg	ea ea ea		
	Liquid	125 mg/5ml	ea		
Piroxicam	Tablets or Capsules	10 mg 20 mg	ea		
Salsalate	Tablets or Capsules	500 mg 750 mg	ea ea		
Sulindac	Tablets or Capsules	150 mg 200 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Tolmetin	Tablets or Capsules	200 mg 400 mg 600 mg	ea ea ea		
		Analgesics: Narcotic	Antagon	ists	
Buprenorphine	Sublingual Tablets * Transdermal Patch *	2 mg 8 mg 5 mcg/hour 7.5 mcg/hour 10 mcg/hour 15 mcg/hour	ea ea ea ea ea ea	LR, QL	* Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. * Transdermal Patch restricted to a maximum quantity of 4 patches per dispensing and one dispensing every 25
		20 mcg/hour	ea		days and restricted to NDC labeler code 59011.
Buprenorphine/ Naloxone	Sublingual Tablets *	2 mg/0.5 mg 8 mg/2 mg 0.7 mg/0.18 mg 1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg 8.6 mg/2.1 mg 11.4 mg/2.9 mg	ea ea ea ea ea ea ea		* Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver.
	Sublingual Film *	2 mg/0.5mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	ea ea ea ea	LR	* Sublingual film is restricted to NDC labeler code 12496.

Contract Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Naloxone HCL	Injection	0.4 mg/ml 1.0 mg/ml	ml ml		
	Intranasal Spray	4 mg/0.1ml * 8 mg/0.1 ml *	ea ea	LR LR	* Restricted to NDC labeler code 69547. * Restricted to NDC labeler code 59467.
	Syringe, 2-pack	5 mg/0.5 ml *	ml	LR	* Restricted to NDC labeler code 78670 for 5 mg/0.5 ml syringe only.
		Analgesics: Na	rcotics		
Naltrexone HCL	Tablets	50 mg	ea		
Codeine and Acetaminophen	Tablets or Capsules *	15 mg – 300 to 325mg 30 mg – 300 to 325mg	ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Liquid	12 mg – 120 mg/5 ml	ml		
Fentanyl *	Transdermal Patch	25 mcg 50 mcg 75 mcg 100 mcg	ea ea ea ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hydrocodone and Acetaminophen *	Tablets	5 mg/325 mg 7.5 mg/325 mg 10 mg/325 mg	ea ea ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Oral Solution *	7.5mg/325mg/ 15ml	ml	AL	* Restricted to use in individuals less than 14 years of age for the oral solution only.
Hydromorphone *	Tablets	1 mg/ml, 1 ml 2 mg/ml, 1 ml 2 mg/ml, 20 ml 3 mg/ml 4 mg/ml 10 mg/ml, 1 ml 10 mg/ml, 5 ml 2 mg 4 mg 8 mg	ml ml ml ml ml ea ea ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Levorphanol	Suppositories Injection	3 mg 2 mg, 1 ml	ea ml		* Please refer to the <u>Controlled</u>
Tartrate *	,	2 mg, 1 0ml	ml		Substance Policy section for drug specific limitations.
	Tablets	2 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Meperidine HCL *	Injection, multi-dose vial	50 mcg/ml, 30 ml 100 mg/ml, 20 ml	ml ml		* Meperidine HCL requires a prior authorization request.
	Injection, single-dose vial or ampule	25 mg 50 mg 75 mg 100 mg	ml ml ml ml		
	Elixir	50 mg/5 ml	ml		
Morphine Sulfate *	Injection Capsules, Extended- Release Pellets	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 200 mg	ml ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Tablets, Oral	10 mg 15 mg 30 mg	ea ea ea		
	Tablets, Long-Acting	15 mg 30 mg 60 mg 100 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Solution	10 mg/5 ml 20 mg/5 ml	ml ml		
	Solution (Oral Concentrate)	100 mg/5 ml	ml		
Oxycodone and Acetaminophen *	Tablets	5 mg to 325 mg 7.5 mg to 325 mg 10 mg to 325 mg	ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Oxycodone HCL *	Tablets or Capsules	5 mg 15 mg 30 mg	ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Solution		ml		
	Concentrate		ml		
Oxycodone HCL and Aspirin *	Tablets	4.8355 mg to 325 mg	ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Oxymorphone	Ampule	1 mg/ml, 1 ml 1.5 mg/ml, 1 ml 1.5 mg/ml, 10 ml	ml ea ml		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Suppositories	5 mg	ea		
		Analgesics: Non-	Narcotics		
Aspirin	See: Anti-Platelet Agents				

act Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lidocaine	Topical system *	1.8 %	ea	LR	* Lidocaine is restricted to NDC labeler
	Viscous solution	2%	ml		code 69557 only. Note : Billing unit "each" means patch.
	Jelly	2%	ml		
	Cream	3%	gm		
	Ointment	5%	gm		
Phenazopyridine	Tablets	100 mg	ea		
HCL		200 mg	ea		
Tramadol HCL *	Tablets	50 mg	ea	AL, QL	* The use of tramadol for Medi-Cal beneficiaries younger than 17 years of age requires prior authorization approval. Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
		Bisphosphor	nates		
Alendronate Sodium	Tablets	5 mg 10 mg 35 mg 40 mg	ea ea ea ea		
		70 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I				
Alendronate Sodium/ Cholecalciferol *	Tablets	70 mg/2800 IU 70 mg/5600 IU	ea ea	LR	* Restricted to NDC labeler codes 00006 and 78206 only.				
Ibandronate Sodium	Tablets	150 mg	ea						
Pamidronate Disodium	Powder for Injection		ea						
Risedronate Sodium	Tablets	5 mg 30 mg 35 mg	ea ea ea						
Zoledronic Acid	Injection	4 mg/5 ml	ml						
	Powder for Injection		ea						
		Bone Resorption	Inhibitors	;					
Raloxifene HCL	Tablets	60 mg	ea						
	Broncho-Pulmonary Secretion Modifiers								
Acetylcysteine	Solution	10 % 20 %	ml ml						

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sodium Chloride	Inhalation Vials	0.45 % 0.9 % 3 % 3.5 % 6 % 7 % 10 %	ml ml ml ml ml ml		
		Calcimimetic <i>i</i>	Agent		
Cinacalcet HCL *	Tablets	30 mg 60 mg 90 mg	ea ea ea		* Restricted to use in secondary hyperparathyroidism in patients with chronic kidney disease on dialysis or hypercalcemia in patients with parathyroid carcinoma, or in patients with severe hypercalcemia with primary hyperparathyroidism who are unable to undergo parathyroidectomy.
	Ce	entral Nervous Syste	m: Antian	xiety	
Buspirone *	Tablets	5 mg 10 mg 15 mg 30 mg	ea ea ea ea	AL	* Use in beneficiaries less than 18 years of age requires prior authorization approval.
Chlordiazepoxide HCL *	Capsules	5 mg 10 mg 25 mg	ea ea ea	QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.

ugs List DHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hydroxyzine HCL	Tablets	10 mg 25 mg 50 mg	ea		
	Oral Liquid Dosage Forms	10 mg/5 mg	ml		
Hydroxyzine Pamoate	Capsules	25 mg 50 mg 100mg	ea ea ea		
Lorazepam	Tablets *	0.5 mg 1 mg 2 mg	ea	QL	* Restricted to a maximum per dispensing of 60 tablets. Please refer to the <u>Controlled Substance</u> <u>Policy</u> section for drug specific limitations.
	Oral concentration*	2 mg/ml	ml		*Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Cent	ral Nervous System:	Anticon	/ulsants	
Carbamazepine	Capsules, and Tablets extended release	100 mg 200 mg 300 mg 400 mg	ea ea ea ea		
	Chewable Tablets	100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets	200 mg	ea		
	Liquid	100 mg/5 ml	ml		
Clobazam *	Tablets	10 mg	ea		* Please refer to the <u>Controlled</u>
		20 mg	ea		<u>Substance Policy</u> section for drug specific limitations.
	Suspension	2.5 mg/ml	ml		
Clonazepam *	Tablets	0.5 mg 1.0 mg 2.0 mg	ea ea ea	QL	* Restricted to a maximum quantity per dispensing of 90 tablets. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.
	Tablets, ODT	0.125 mg	ea		
		0.25 mg 0.5 mg	ea ea		
Diazepam *	Injection *	5 mg/ml	ml	AL	* Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Nasal Spray *	5 mg 10 mg 15 mg 20 mg	ea ea ea	LR QL	* Restricted to use in the treatment of acute epilepsy in patients 6 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 cartons) in any 12-month period; and to NDC labeler code 72252 for the nasal spray only. Note: The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.
	Tablets*	2 mg 5 mg 10 mg	ea ea ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets for the tablets only. Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Rectal Gel *	2.5 mg twin pack 10 mg delivery system twin pack 20 mg delivery system twin pack	ea ea ea	AL, QL	* Restricted to use in the treatment of acute epilepsy in patients 2 years of age and older. Also restricted to a maximum quantity of 10 twin packs (kits) in any 12-month period. Note: The billing unit for the rectal gel is each twin pack

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Solution *	5 mg/5 ml	ml	AL, QL	* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations for the solution.
					* Use in beneficiaries less than 2 years of age requires prior authorization approval for all dosage forms except the nasal spray.
Divalproex Sodium	Capsules	125 mg	ea		
	Tablets, enteric coated	125 mg 250 mg 500 mg	ea ea ea		
	Tablets, Extended Release	250 mg 500 mg	ea ea		
Ethosuximide	Capsules	250 mg	ea		
	Syrup	250 mg/5 ml	ml		
Felbamate	Tablets	400 mg 600 mg	ea ea		
	Suspension *	600 mg/5 ml	ml	AL	* Restricted to beneficiaries that are age 21 and under

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gabapentin	Capsules	100 mg 300 mg 400 mg	ea ea ea		
	Tablets	600 mg 800 mg	ea ea		
	Solution, Oral	250 mg/5 ml	ml		
Lamotrigine	Tablets	25 mg 100 mg 150 mg 200 mg	ea		
	Starter Kits Tablets	25 mg, tablets from 35-Tablet Kit 25 mg – 100 mg, tablets from 49- tablet kit 25 mg – 100 mg, tablets from 98- tablet kit			
	Tablets, dispersible	5 mg 25 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets, extended-	25 mg	ea		
	release	50 mg	ea		
		100 mg	ea		
		200 mg	ea		
		300 mg	ea		
	Tablets, ODT	25 mg	ea		
		50 mg	ea		
		100 mg	ea		
		200 mg	ea		
Levetiracetam	Solution, oral	100 mg/ml	ml		
	Tablets	250 mg	ea		
		500 mg	ea		
		750 mg	ea		
		1000 mg	ea		
	Tablets, extended-	500 mg	ea		
	release	750 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Midazolam *	Nasal spray	5 mg	ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 12 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 boxes) in any 12-month period; and NDC labeler code 50474 only. Note: The billing unit is a blister pack. Each box contains 2 blister packs.
Oxcarbazepine	Tablets * Suspension	150 mg 300 mg 600 mg 300 mg/5 ml	ea ml	AL	* Use of Oxcarbazepine in beneficiaries less than 2 years of age requires prior authorization approval.
Perampanel *	Suspension Tablets	0.5 mg/ml 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ml ea ea ea ea ea ea ea	AL, LR	* The suspension & tablets are restricted to treatment of seizures in patients with epilepsy 4 years of age and older. Also restricted to NDC labeler code 62856.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Phenobarbital *	Injection	120 to 130 mg/ml, 1 ml	ml		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug
	Tablets	15 mg 16.2 mg 30 mg 32.4 mg 60 mg 65 mg 97.2 mg 100 mg	ea ea ea ea ea ea ea		specific limitations.
	Oral Liquid Dosage Forms	20 mg/5 ml	ml		
Phenytoin	Tablets, chewable	50 mg	ea		
	Capsules, extended release	30 mg 100 mg 200 mg 300 mg	ea ea ea		
	Capsules, prompt	100 mg	ea		
	Suspension	125 mg/5 ml 30 mg/5 ml	ml ml		

gs List Shift

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Pregabalin *	Capsules	25 mg 50 mg 75 mg 100 mg 150 mg 200 mg 225 mg 300 mg	ea ea ea ea ea ea ea		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Primidone	Tablets Liquid	50 mg 250 mg 0.25 gm/5 ml	ea ea ml		
Rufinamide *	Suspension	40 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Tiagabine HCL *	Tablets, plain	2 mg 4 mg 12 mg 16 mg	ea ea ea ea	AL	* Tiagabine HCL is restricted to use as adjunctive therapy in adults and children 12 years and older in the treatment of partial seizures.
Topiramate *	Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea	AL	* Use of Topiramate in beneficiaries less than 2 years of age requires prior authorization approval.

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Capsules, sprinkle	15 mg 25 mg	ea ea		
	Solution *	25 mg/ ml	ml		* Restricted to beneficiaries that are age 21 and under
Valproic Acid	Tablets or Capsules	250 mg	ea		
	Liquid	250 mg/5 ml	ml		
Zonisamide	Capsules	25 mg 50 mg 100 mg	ea ea ea		
	Cent	ral Nervous System:	Antidepr	essants	
Amitriptyline	Injection	10 mg/ml	ml		
	Tablets	10 mg 25 mg	ea ea		
		50 mg	ea		
		75 mg 100 mg	ea ea		
		150 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amitriptyline HCL, Perphenazine	Tablets	10 mg/2 mg 10 mg/4 mg 25 mg/2 mg 25 mg/4 mg	ea ea ea ea		
Bupropion HCL	Tablets Tablets, Extended Release (24-hour) Tablets, Sustained Release (12-hour)	75 mg 100 mg 150 mg 300 mg 100 mg 150 mg 200 mg	ea ea ea ea ea ea		* For Smoking Cessation Tablets: To be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 60 tablets per dispensing. Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing. Note: Refer to the Reimbursement
	Tablets, sustained release for Smoking Cessation*	150 mg	ea	QL	section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.
Citalopram HBR	Tablets	10 mg 20 mg 40 mg	ea ea ea		
	Solution	10 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Clomipramine HCL	Capsules	25 mg 50 mg 75 mg	ea ea ea		
Desipramine HCL	Tablets	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea		
Desvenlafaxine Succinate	Tablets, Extended Release	25 mg 50 mg 100 mg	ea ea ea		
Doxepin HCL	Capsules Oral concentrate	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea		
Duloxetine HCL	Capsules	20 mg 30 mg 60 mg	ea ea ea		

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Escitalopram Oxalate	Solution, oral	5 mg/5mL	ml		
Oxdiate	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Fluoxetine HCL	Capsules	10 mg 20 mg 40 mg	ea ea ea		
	Tablets	10 mg	ea		
	Solution	20 mg/5 ml	ml		
Fluvoxamine Maleate	Capsules, Extended Release	100 mg 150 mg	ea ea		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Imipramine	Injection	25 mg, 2 ml	ml		
	Tablets	10 mg 25 mg 50 mg	ea ea ea		
Mirtazapine	Tablets or orally disintegrating tablets	15 mg 30 mg 45 mg	ea ea ea		

SPHCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nortriptyline HCL	Capsules	10 mg 25 mg 50 mg 75 mg	ea ea ea ea		
	Liquid	10 mg/5 ml	ml		
Paroxetine HCL	Suspension, oral	10 mg/5 ml	ml		
	Tablets	10 mg 20 mg 30 mg 40 mg	ea ea ea ea		
Protriptyline HCL	Tablets	5 mg 10 mg	ea ea		
Sertraline HCL	Concentrate	20 mg/ml	ml		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Trazodone	Tablets	50 mg 100 mg 150 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Venlafaxine HCL	Tablets	25 mg 37.5 mg 50 mg 75 mg 100 mg	ea ea ea ea		
	Capsules, Extended Release	37.5 mg 75 mg 150 mg	ea ea ea		
	Tablets, Extended Release	37.5 mg 75 mg 150 mg 225 mg	ea ea ea ea		
Vortioxetine	Tablets	5 mg 10 mg 20 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Centra	al Nervous System: A	Anti-Hype	erkinetic	S
Amphetamine, mixed salts (amphetamine sulfate, amphetamine aspartate monohydrate, dextroamphetamine sulfate and dextroamphetamine saccharate) *	Capsules, Extended Release	5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg 5 mg 10 mg 15 mg 20 mg 20 mg 30 mg	ea e		* Restricted to use in Attention Deficit Hyperactivity Disorder. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.
Atomoxetine HCL *	Capsules	10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	ea ea ea ea ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder.
Clonidine HCL *	12-Hour Tablet	0.1 mg	ea		* Restricted to use in Attention Deficit Hyperactivity Disorder.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Dexmethylphenidate	Capsules, Extended	5 mg	ea		* Restricted to use in Attention Deficit
HCL *	Release	10 mg	ea		Hyperactivity Disorder. Please refer to
		15 mg	ea		the <u>Controlled Substance Policy</u> section
		20 mg	ea		for drug specific limitations.
		25 mg	ea		
		30 mg	ea		
		35 mg 40 mg	ea ea		
		40 mg	ea		
	Tablets	2.5 mg	ea		
		5 mg	ea		
		10 mg	ea		
Dextroamphetamine	Tablets	5 mg	ea		* Restricted to use in Attention Deficit
Sulfate *		10 mg	ea		Hyperactivity Disorder. Please refer to
					the <u>Controlled Substance Policy</u> section
					for drug specific limitations.
Guanfacine HCL	Tablets, Extended	1 mg	ea		* Restricted to use in Attention Deficit
Extended-Release *	Release	2 mg	ea		Hyperactivity Disorder.
		3 mg	ea		
		4 mg	ea		

	Mi	edi-Cal Rx Contra Effective 11/01		s List
Drug Name	Dosage	Strength/ Package Size	Billing Unit	UN Typ

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lisdexamfetamine Dimesylate	Capsules	10 mg 20 mg	ea ea	LR	* Lisdexamfetamine Dimesylate is restricted to NDC labeler Code 59417
		30 mg	ea		and restricted to use in Attention Deficit
		40 mg	ea		Disorder. Please refer to the <u>Controlled</u>
		50 mg 60 mg	ea ea		<u>Substance Policy</u> section for drug specific limitations.
		70 mg	ea		specific miniations.
	Chewable Tablets	10 mg	ea		
		20 mg	ea		
		30 mg	ea		
		40 mg 50 mg	ea ea		
		60 mg	ea		
Methylphenidate	Tablets *	5 mg	ea		* Tablets restricted to use in Attention
HCL *		10 mg	ea		Deficit Hyperactivity Disorder.
		20 mg	ea		
	Tablets, extended	18 mg	ea	LR	* Extended release tablets restricted to
	release *	27 mg	ea		use in Attention Deficit Hyperactivity
		36 mg	ea		Disorder.
		54 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Capsules, extended release (CD) *	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea	LR	* Restricted to use in Attention Deficit Hyperactivity Disorder.
	Capsules, extended release (LA) *	10 mg 20 mg 30 mg 40 mg 60 mg	ea ea ea ea	LR	* Restricted to use in Attention Deficit Hyperactivity Disorder. * Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
	Cen	tral Nervous System	: Antipsy	chotics	
Aripiprazole *	Tablets Tablets, orally disintegrating	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg 10 mg 15 mg	ea ea ea ea ea ea		* Restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
	Oral Solution	1 mg/ml	ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Asenapine *	Sublingual Tablets	2.5 mg 5 mg 10 mg	ea ea ea	LR	* Restricted to NDC labeler code 00456.
Chlorpromazine *	Tablets	10 mg 25 mg 50 mg 100 mg 200 mg	ea ea ea ea		* Restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
	Oral Concentrate	30 mg/ml 100 mg/ml	ml ml		
Clozapine *	Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea ea	AL	* Restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal
	Tablets, orally disintegrating	12.5 mg 25 mg 100 mg 150 mg 200 mg	ea ea ea ea		beneficiaries residing in nursing facilities is restricted to FDA approved indications.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fluphenazine HCL *	Tablets	1 mg 2.5 mg 5 mg 10 mg	ea ea ea	AL	* Fluphenazine HCL is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal
	Elixer Oral concentrate	2.5 mg/5 ml 5 mg/ml	ml ml		beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Haloperidol *	Tablets	0.5mg	ea		* Haloperidol is restricted to the use of
		1mg	ea		antipsychotics for Medi-Cal
		2mg	ea		beneficiaries residing in nursing facilities
		5mg	ea		is restricted to FDA approved
		10mg	ea		indications.
		20mg	ea		
	Liquid	2mg/ml, 15ml	ml		
		2mg/ml, 120ml	ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Iloperidone *	Tablets	1 mg 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg		AL, LR	* Iloperidone is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications; and 3) Restricted to labeler codes 43068 and 00078 only.
Lithium Carbonate *	Tablets Capsules Tablets, long-acting	300 mg 300 mg 300 mg	ea	AL	* Lithium Carbonate is for use in beneficiaries less than 12 years of age requires prior authorization approval.
Lithium Citrate *	Liquid	8 mq/5 ml	ml	AL	* Lithium Citrate is for use in beneficiaries less than 12 years of age requires prior authorization approval.
Loxapine HCL *	Solution	25 mg/ml	ml	AL	* Loxapine HCL is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Loxapine Succinate *	Capsules	5 mg 10 mg 25 mg 50 mg	ea		* Loxapine Succinate is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Lurasidone Hydrochloride *	Tablets	20 mg 40 mg 60 mg 80 mg 120 mg	ea	LR	* Restricted to NDC labeler code 63402.
Molindone Hydrochloride *	Tablets	5 mg 10 mg 25 mg 50 mg 100 mg	ea ea ea ea ml		* Molindone Hydrochloride is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Olanzapine *	Tablets	2.5 mg 5 mg 7.5 mg 10 mg 15 mg 20 mg	ea ea ea ea ea		* Olanzapine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets, orally disintegrating	5 mg 10 mg 15 mg 20 mg	ea ea ea		
Perphenazine *	Injection Tablets Liquid	5 mg/ml, 1 ml 2 mg 4 mg 8 mg 16 mg	ml ea ea ea ea ml		* Perphenazine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Quetiapine Fumarate *	Tablets	2 mg 4 mg 8 mg 16 mg	ea ea ea ea		* Quetiapine Fumarate is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Risperidone *	Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg	ea ea ea ea ea		* Risperidone is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Thioridazine *	Solution Tablets Liquid Concentrate	1 mg/ml 10 mg 15 mg 25 mg 50 mg 100 mg 150 mg 200 mg 30 mg/ ml 100 mg/ ml	ea ea ea ea ea ea ea ml		* Thioridazine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Thiothixene *	Capsules	1 mg 2 mg 5 mg 10 mg 20 mg 5 mg/ ml, 30 ml 5 mg/ ml, 120 ml	ea ea ea ea ml ml		* Thiothixene is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Trifluoperazine *	Tablets	1 mg 2 mg 5 mg 10 mg	ea ea ea	AL	* Trifluoperazine is restricted to the use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Ziprasidone HCL *	Capsules	20 mg 40 mg 60 mg 80 mg	ea ea ea ea	AL	* Ziprasidone HCL is restricted to: 1) The use of antipsychotics for Medi-Cal beneficiaries less than 18 years of age requires prior authorization approval; 2) The use of antipsychotics for Medi-Cal beneficiaries residing in nursing facilities is restricted to FDA approved indications.
Central Nervous System: Appetite Stimulant					
Dronabinol *	Capsules	2.5 mg 5 mg 10 mg	ea ea ea		* Restricted to use in the treatment of anorexia associated with weight loss in patients with AIDS. Please refer to the Controlled Substance Policy section for drug specific limitations.
Central Nervous System: Miscellaneous					
Memantine HCL	Titration Pack Tablets	5 mg – 10 mg 5 mg	ea ea		
		10 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Solution	2 mg/ml	ml		
	Capsules, Extended Release	7 mg 14 mg 21 mg 28 mg	ea ea ea ea		
Milnacipran HCL *	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea	AL	* Use of Milnacipran HCL in beneficiaries less than 18 years of age requires prior authorization approval.
	Titration Pack Tablets	12.5 mg, contains 5 Tablets	ea		
		25 mg, contains 8 Tablets	ea		
		50 mg, contains 42 Tablets	ea		
Nicotine	Nasal Spray	10 mg/ml	ml		
	Central N	Nervous System: Sed	atives an	d Hypno	tics

Central Nervous System: Sedatives and Hypnotics

The Department of Health Care Services (DHCS) recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.

Flurazepam *	Capsules	15 mg 30 mg	ea ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 capsules. Restricted to
		30 mg	Ca	QL	use in the treatment of insomnia. Use in
					beneficiaries less than 18 years of age



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
					requires prior authorization approval. Please refer to the <u>Controlled Substance</u> <u>Policy</u> section for drug specific limitations.
Pentobarbital *	Suppositories	30 mg 60 mg 120 mg 200 mg	ea ea ea		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Ramelteon *	Tablets	8 mg	ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets in 30 days. Restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires prior authorization approval.
Temazepam *	Capsules	7.5 mg 15 mg 30 mg	ea ea ea	AL	* Restricted to a maximum quantity per dispensing of 60 capsules. Restricted to use in the treatment of insomnia. Use in beneficiaries less than 18 years of age requires prior authorization approval. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I			
Zolpidem Tartrate *	Tablets	5 mg 10 mg	ea ea	AL, QL	* Restricted to a maximum quantity per dispensing of 60 tablets. Restricted to use in the treatment of insomnia only. Use in beneficiaries less than 18 years of age requires prior authorization approval. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.			
	Chelating Agent							
Patiromer *	Powder Packets for Oral Suspension	8.4 gm carton of 4	ea	LR	* Restricted to NDC labeler code 53436.			
		8.4 gm carton of 30	ea					
		16.8 gm carton of 30	ea					
		25.2 gm carton of 30	ea					
Sodium Polystyrene	Powder		gm					
Sulfonate	Suspension	15 g/60 ml	ml					
Sodium Zirconium Cyclosilicate *	Powder Packets	5 gm 10 gm	ea ea	LR	* Restricted to NDC labeler code 00310.			
Succimer	Capsules	100 mg	ea					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Diuretics & Card	liovascular: Antihypo	ertensive	(also see	e Diuretics)
Acebutolol	Capsules	200 mg 400 mg	ea ea		
Amlodipine Benzoate *	Solution	1 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Amlodipine Besylate/ Benazepril HCL	Capsules	2.5 mg/10 mg 5 mg/10 mg 5 mg/20 mg 10 mg/20 mg 5 mg/40 mg 10 mg/40 mg	ea ea ea ea ea		
Amlodipine Besylate	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Amlodipine/ Valsartan	Tablets	5 mg/160 mg 10 mg/160 mg 5 mg/320 mg 10 mg/320 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amlodipine/ Valsartan/	Tablets	5 mg/160 mg/ 12.5 mg	ea		
Hydrochlorothiazide		10 mg/160 mg/ 12.5 mg	ea		
		5 mg/160 mg/ 25 mg	ea		
		10 mg/160 mg/ 25 mg	ea		
		10 mg/320 mg/ 25 mg	ea		
Atenolol	Tablets	25 mg 50 mg	ea ea		
		100 mg	ea		
Azilsartan Medoxomil	Tablets	40 mg 80 mg	ea ea		
Azilsartan Medoxomil/ Chlorthalidone	Tablets	40 mg/12.5 mg 40 mg/25 mg	ea ea		
Benazepril HCL	Tablets	5 mg 10 mg	ea ea		
		20 mg 40 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Benazepril HCL and Hydrochlorothiazide	Tablets	5 mg/6.25 mg 10 mg/12.5 mg 20 mg/12.5 mg 20 mg/25 mg	ea ea ea ea		
Bisoprolol Fumarate	Tablets	5 mg 10 mg	ea ea		
Bisoprolol Fumarate/ Hydrochlorothiazide	Tablets	2.5 mg/6.25 mg 5 mg/6.25 mg 10/6.25 mg	ea ea ea		
Candesartan Cilexetil	Tablets	4 mg 8 mg 16 mg 32 mg	ea ea ea ea		
Captopril	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Clonidine Hydrochloride *	Tablets	0.1 mg 0.2 mg 0.3 mg	ea ea ea	AL	* Use in beneficiaries less than 6 years of age requires prior authorization approval.
	Transdermal Patch	0.1 mg/24 hr 0.2 mg/24 hr 0.3 mg/24 hr	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diltiazem HCL	See: Vasodilating Agents				
Doxazosin Mesylate	Tablets	1 mg 2 mg 4 mg 8 mg	ea ea ea ea		
Enalapril Maleate	Tablets	2.5 mg 5 mg 10 mg 20 mg	ea		
	Solution, Oral *	1 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Enalapril and Hydrochlorothiazide	Tablets	5 mg-12.5 mg 10 mg-25 mg	ea ea		
Felodipine	Tablets, extended release	2.5 mg 5 mg 10 mg	ea ea ea		
Fosinopril Sodium	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Fosinopril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg -12.5 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Guanfacine HCL *	Tablets	1 mg 2 mg	ea ea	AL	* Use of Guanfacine HCL in beneficiaries less than 6 years of age requires prior authorization approval.
Hydralazine	Injection	20 mg/ml	ml		
	Tablets	10 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Irbesartan	Tablets	75 mg 150 mg 300 mg	ea ea ea		
Irbesartan and Hydrochlorothiazide	Tablets	150 mg/12.5 mg 300 mg/12.5 mg	ea ea		
Isradipine	Capsules	2.5 mg 5 mg	ea ea		
Labetalol HCL	Tablets	100 mg 200 mg 300 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Lisinopril	Tablets	2.5 mg 5 mg 10 mg 20 mg 30 mg 40 mg	ea ea ea ea		
	Solution *	1 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Lisinopril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-25 mg	ea		
Losartan	Tablets	25 mg 50 mg 100 mg	ea		
Losartan and Hydrochlorothiazide	Tablets	50 mg-12.5 mg 100 mg-12.5 mg 100 mg-25 mg	ea		
Methyldopa	Tablets	125 mg 250 mg 500 mg	ea ea ea		
Methyldopa with Hydrochlorothiazide	Tablets	250 mg – 15 mg 250 mg – 25 mg 500 mg – 30 mg	ea ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metoprolol Succinate	Tablets, extended- release	25 mg 50 mg	ea ea		
		100 mg 200 mg	ea ea		
	Capsules, extended- release	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
Metoprolol Succinate/ Hydrochlorothiazide	Tablets	50 mg/25 mg 100 mg/25 mg 100 mg/50 mg	ea ea ea		
Metoprolol Tartrate	Tablets	37.5 mg 75 mg	ea ea		
	Tablets, extended- release	25 mg 50 mg 100 mg	ea ea ea		
	Injection	1 mg/ml, 5 ml	ml		
Moexipril HCL	Tablets	7.5 mg 15 mg	ea ea		
Nadolol	Tablets	20 mg 40 mg 80 mg	ea ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nicardipine	See: Vasodilating agents				
Nisoldipine, extended release	Tablets	8.5 mg 17 mg 25.5 mg 34 mg	ea ea ea ea		
Olmesartan Medoxomil	Tablet	5 mg 20 mg 40 mg	ea ea ea		
Olmesartan Medoxomil/ Hydrochlorothiazide	Tablet	20 mg/12.5 mg 40 mg/ 12.5 mg 40 mg/25 mg	ea ea ea		
Penbutolol Sulfate	Tablets	20 mg	ea		
Perindopril Erbumine	Tablets	2 mg 4 mg 8 mg	ea ea ea		
Pindolol	Tablets	5 mg 10 mg	ea		
Prazosin HCL	Capsules	1 mg 2 mg 5 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Propranolol	Injection	1 mg/ml, 1 ml	ml		
	Tablets	10 mg	ea		
		20 mg	ea		
		40 mg	ea		
		60 mg	ea		
		80 mg 90 mg	ea		
	1		ea		
	Liquid	4 mg/ml	ml		
		8 mg/ml	ml		
	Liquid *	4.28 mg/ml	ml	LR	* Restricted to use in the treatment of
					proliferating infantile hemangioma. Restricted to NDC labeler code 64370.
					Restricted to NDC labeler code 64370.
	Capsules, extended	60 mg	ea		
	release	80 mg	ea		
		120 mg	ea		
		160 mg	ea		
Propranolol/	Tablets	40 mg/25 mg	ea		
Hydrochlorothiazide		80 mg/25 mg	ea		
Quinapril	Tablets	5 mg	ea		
		10 mg	ea		
		20 mg	ea		
		40 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Quinapril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-12.5 mg 20 mg-25 mg	ea ea ea		
Ramipril	Capsules	1.25 mg 2.5 mg 5 mg 10 mg	ea ea ea ea		
Sildenafil Citrate	Tablets *	20 mg	ea		* Restricted to use for pulmonary arterial hypertension.
	Suspension *	10 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Telmisartan	Tablets	20 mg 40 mg 80 mg	ea ea ea		
Telmisartan and Hydrochlorothiazide	Tablets	40 mg/12.5 mg 80 mg/12.5 mg 80 mg/25 mg	ea ea ea		
Terazosin Hydrochloride	See: Prostate Agents				
Timolol Maleate	Tablets	5 mg 10 mg 20 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Trandolapril	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Triamterene and Hydrochlorothiazide	Tablets	37.5 mg-25 mg	ea		
Valsartan	Tablets	40 mg 80 mg 160 mg 320 mg	ea ea ea ea		
Valsartan/ Hydrochlorothiazide	Tablets	80 mg – 12.5 mg 160 mg – 12.5 mg 160 mg – 25 mg 320 mg – 12.5 mg 320 mg – 25 mg	ea ea ea ea		
Verapamil HCL	See: Vasodilating agents				
	Diur	etics & Cardiovascula	ar: Cardia	c Drugs	
Amiodarone	Tablets	100 mg 200 mg 400 mg	ea ea ea		
Betaxolol	Tablets	10 mg 20 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Captopril	See: Antihypertensive				
Carvedilol	Tablets	3.125 mg 6.25 mg 12.5 mg 25 mg	ea ea ea ea		
Carvedilol Phosphate	Extended Release Capsules	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Digoxin	Injections Tablets Liquid	0.25 mg /ml 0.125 mg 0.25 mg 0.5 mg 0.05 mg/ml	ml ea ea ea ml		
Enalapril Maleate	See: Antihypertensive	J.			
Flecainide Acetate	Tablets	50 mg 100 mg 150 mg	ea ea ea		
Metoprolol Succinate	See: Antihypertensive				
Metoprolol Tartrate	See: Antihypertensive				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Mexiletine Hydrochloride	Capsules	150 mg 200 mg 250 mg	ea ea ea		
Midodrine HCL	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Procainamide	Injection	100 mg/ml, 10 ml	ml		
	Capsules or Tablets	250 mg 375 mg 500 mg	ea ea ea		
	Capsules or Tablets, long-acting	250 mg 500 mg 750 mg 1000 mg	ea ea ea		
Propafenone HCL	Tablets	150 mg 225 mg 300 mg	ea ea ea		
Propranolol	See: Antihypertensive				
Quinidine Gluconate	Injection Tablets, long acting	80 mg/ml, 10 ml 324 mg	ml ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Quinidine Sulfate	Tablets	100 mg 200 mg 300-325 mg	ea ea ea		
	Tablets or capsules		ea		
Ranolazine	Tablets, extended release	500 mg 1000 mg	ea ea		
Sotalol HCL	Tablets	80 mg 120 mg 160 mg 240 mg	ea ea ea ea		
Sotalol HCL AF	Tablets	80 mg 120 mg 160 mg	ea ea ea		
Timolol Maleate	See: Antihypertensive				
	Di	uretics & Cardiovaso	cular: Diui	etics	
Acetazolamide	See: Anti-Glaucoma Agents				
Amiloride HCL	Tablets	5 mg	ea		
Amiloride and Hydrochlorothiazide	Tablets	5 mg-50 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amlodipine Besylate and Olmesartan Medoxomil	Tablets	5 mg-20 mg 5 mg-40 mg 10 mg-20 mg 10 mg-40 mg	ea ea ea ea		
Bumetanide	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
Chlorothiazide	Oral, suspension	250 mg/5 ml	ml		
Chlorthalidone	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Eplerenone	Tablet	25 mg 50 mg	ea ea		
Ethacrynic Acid	Tablets	25mg	ea		
Finerenone *	Tablets	10 mg 20 mg	ea ea	LR	* Restricted to NDC labeler code 50419.
Furosemide	Injection	10 mg/ml	ml		
	Tablets	20 mg 40 mg 80 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Liquid	10 mg/ml, 60 ml 10 mg/ml, 120 ml	ml ml		
	Solution	40 mg/5 ml	ml		
Hydrochlorothiazide	Capsules	12.5 mg	ml		
	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Indapamide	Tablets or Capsules	1.25 mg 2.5 mg	ea ea		
Metolazone	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Spironolactone	Tablets	25 mg 50 mg 100 mg	ea ea ea		
	Suspension *	25 mg/5 ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.
Spironolactone with Hydrochlorothiazide	Tablets	25 mg/25 mg 50 mg/50 mg	ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Torsemide	Tablets	5 mg 10 mg 20 mg 100 mg	ea ea ea		
Triamterene	Capsules	50 mg 100 mg	ea ea		
Triamterene with Hydrochlorothiazide	Capsules	37.5 mg/25 mg 50 mg/25 mg	ea ea		
	Tablets	75 mg/50 mg	ea		
	Diuretic	s & Cardiovascular: '	Vasodilati	ng Ager	nts
Diltiazem HCL	Tablets	30 mg 60 mg 90 mg 120 mg	ea ea ea ea		
	Tablets or Capsules, long acting	60 mg 90 mg 120 mg	ea ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets or capsules, once-a-day	120 mg 180 mg 240 mg 300 mg 360 mg 420 mg	ea ea ea ea ea		
Isosorbide Dinitrate	Tablets Sublingual	2.5 mg 5 mg 10 mg	ea ea ea		
	Chewable	5 mg 10 mg	ea ea		
	Oral	5 mg 10 mg 20 mg 30 mg 40 mg	ea ea ea ea		
Isosorbide Dinitrate and Hydralazine Hydrochloride	Tablets	20 mg-37.5 mg	ea		
Isosorbide Mononitrate	Tablets, Extended Release	30 mg 60 mg 120 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nicardipine	Capsules	20 mg 30 mg	ea ea		
	Tablets or capsules, long-acting	30 mg 45 mg 60 mg	ea ea ea		
Nifedipine	Capsules	10 mg 20 mg	ea ea		
	Tablets or Capsules, long-acting	30 mg 60 mg 90 mg	ea ea ea		
Nitroglycerin (Glyceryl Trinitrate)	Tablets (sublingual) (no long-acting forms)	0.15 mg 0.3 mg 0.4 mg 0.6 mg	ea ea ea ea		
	Ointment	2 %, 20 gm 2 %, 30 gm 2 %, 60 gm	gm gm gm		
	Spray, lingual	2 %, 12 gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Verapamil HCL	Tablets Tablets or Capsules, long acting Injection	40 mg 80 mg 120 mg 120 mg 180 mg 240 mg 5 mg/2 ml ampule 10 mg/4 ml ampule 5 mg/2 ml vial	ea ea ea ea ml ml ml		
		10 mg/4 ml vial			
	Ex	pectorants and Coug	jh Prepara	ations	
Benzonatate	Capsules	100 mg 200 mg	ea ea		
Chlorpheniramine Maleate with Pseudoephedrine HCL and Codeine *	Liquid		ml		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Guaifenesin with Codeine *	Liquid	100 mg-10 mg/ 5 ml	ml		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Potassium Iodide Saturated Solution (S.S.K.I.)	Liquid		ml		
Promethazine with Codeine *	Oral Liquid Dosage Forms		ml	AL, QL	* Promethazine with Codeine is restricted to individuals 2 years of age and older. Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug specific limitations.
Promethazine with Dextromethorphan *	Oral Liquid Dosage Forms		ml	AL	* Promethazine with Dextromethorphan is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine *	Oral Liquid Dosage Forms		ml	AL	* Promethazine with Phenylephrine is restricted to individuals 2 years of age and older.
Promethazine with Phenylephrine and Codeine *	Oral Liquid Dosage Forms		ml	AL, QL	* Promethazine with Phenylephrine and Codeine is restricted to individuals 2 years of age and older. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.
		Gallstone Dissolv	ing Agen	t	
Ursodiol	Capsules	300 mg	ea		
	Tablets	250 mg 500 mg	ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Gastro-Intestinal Drugs: Antacids & Absorbents									
Aluminum and Magnesium Hydroxide Gel										
Aluminum Hydroxide and Magnesium Trisilicate Gel										
Aluminum Hydroxide Gel										
Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone										
Calcium Carbonate and Magnesium Carbonate										
	Gastro-Intestinal Drugs: Anti-Diarrhea Agents									
Bismuth Subsalicylate										

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diphenoxylate HCL with Atropine	Tablets	2.5 mg	ea		* Please refer to the <u>Controlled</u> <u>Substance Policy</u> section for drug
Sulfate *	Liquid	2.5 mg/5 ml	ml		specific limitations.
Loperamide HCL	Capsules	2 mg	ea		
Paregoric	Liquid				
Paregoric and Protective	Liquid		ml		
	Gastro-In	testinal Drugs: Anti-	Inflamma	itory Ag	ents
Balsalazide Disodium	Capsules	750 mg	ea		
Sulfasalazine	Tablets	0.5 gm	ea		
Mesalamine	Tablets	1.2 gm	ea		
	Gastr	o-Intestinal Drugs: I	Bile Acid I	Modifier	
Ursodiol	See: Gallstone Dissolving Agent				
	Gastro-	Intestinal Drugs: Dig	jestant Pr	eparatio	ns
Pancrelipase	Tablets		ea		
(Amylase/	Capsules		ea		
Lipase/Protease)	Capsules with enteric coated granules		ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Capsules, delayed release*	3,000 USP units of lipase; 9,500 USP units of protease; 15,000 USP units of amylase	ea		* Restricted to labeler code 00032 only.
		6,000 USP units of lipase; 19,000 USP units of protease; 30,000 USP units of amylase	ea		
		12,000 USP units of lipase; 38,000 USP units of protease; 60,000 USP units of amylase	ea		
		24,000 USP units of lipase; 76,000 USP units of protease; 120,000 USP units of amylase	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)		36,000 USP units of lipase; 114,000 USP units of protease; 180,000 USP units of amylase	ea		
	Capsules, delayed release*	3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase	ea		* Restricted to NDC labeler code 00023 and 73562 only.
		5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase	ea		
		10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)		15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase 20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase	ea		
		25,000 USP units of lipase; 79,000 USP units of protease; 105,000 USP units of amylase	ea		
		of lipase; 126,000 USP units of protease;	Cu		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		168,000 USP units of amylase			
	Gas	stro-Intestinal Drugs	: G.I. Stin	nulant	
Metoclopramide HCL	Tablets	5 mg 10 mg	ea ea		
	Syrup Injection	5 mg/5 ml 5 mg/1 ml	ml ml		
		Drugs: H /K ATPa	se Enzym	e Systen	n Inhibitors
Dexlansoprazole	Capsules, delayed- release	30 mg 60 mg	ea ea		
Esomeprazole Magnesium	Capsules, delayed release	20 mg 40 mg	ea ea		
Lansoprazole	Capsules, delayed release	15 mg 30 mg	ea ea		
Omeprazole	Capsules, delayed release	10 mg 20 mg 40 mg	ea ea ea		
Omeprazole Magnesium	Tablets and Capsules, delayed release	20 mg	ea		
Pantoprazole Sodium	Tablets, delayed release	20 mg 40 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Rabeprazole Sodium	Tablets, delayed release	20 mg	ea		
	Gastro-Inte	estinal Drugs: Heliok	acter Pyl	ori Treat	ment
Bismuth Subcitrate Potassium/ Metronidazole/ Tetracycline HCL *	Capsules	140 mg/125 mg/125 mg	ea	LR	* Restricted to NDC labeler code 58914 only.
Omeprazole/ Amoxicillin/ Rifabutin *	Capsules, delayed release	10 mg/250 mg/12.5 mg	ea	LR	* Restricted to NDC labeler code 57841 only.
	Gastro-Intestii	nal Drugs: Histamine	H2-Rece	eptor An	tagonists
Cimetidine	Injection	300 mg/2 ml 300 m/8 ml 300 mg in 0.9% sodium chloride, 50 ml	ml ml ml		
	Liquid	300 mg/5 ml	ml		
	Tablets or Capsules	300 mg 400 mg 800 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Famotidine	Tablets	20 mg 40 mg	ea ea		
	Oral Suspension	40 mg/5mL	ml		
Ranitidine HCL	Tablets	150 mg 300 mg	ea ea		
	Syrup	15 mg/ml	ml		
	(Gastro-Intestinal Dru	ıgs: Laxat	ives	
Bisacodyl EC	Tablets, delayed release	5 mg	ea		
Naloxegol Oxalate *	Tablets	12.5 mg 25 mg	ea ea	LR	*Naloxegol Oxalate is restricted to use in the treatment of opioid-induced constipation in patients with chronic pain. Also restricted to NDC labeler code 57841 only.
Polyethylene Glycol 3350	Powder	238 gm 510 gm	gm		
Polyethylene Glycol 3350 and Electrolytes	Solution	4000 ml	ml		
	Gastro	-Intestinal Drugs: Pro	ostagland	lin Analc	og
Misoprostol	Tablets	100 mcg 200 mcg	ea ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Gas	tro-Intestinal Drugs:	: Ulcer Ad	herent	
Sucralfate	Tablets	1 gm	ea		
	Liquid	1 gm/10 ml	ml		
		Gold Compo	unds		
Auranofin	Capsules	3 mg	ea		
	Gonadot	ropin-Releasing Hor	mones Co	ombinati	ions
Elagolix *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to the management of pain associated with endometriosis. Also restricted to labeler code 00074 only.
Elagolix, Estradiol and Norethindrone Acetate *	Capsule packet	28 x 300 mg & 28 x 300 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women. Also restricted to labeler code 00074 only.
Leuprolide Acetate	Syringe Kit (Fensolvi®) *	45 mg	ea	AL, LR	* Restricted to patients 2-17 years of age with central precocious puberty for Fensolvi® only. Also restricted to
	1-Month Syringe Kit (Lupron Depot-Ped®)	7.5 mg 11.25 mg	ea ea		labeler code 62935.
	*	15 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	3-Month Syringe Kit (Lupron Depot-Ped®) *	11.25 mg 30 mg	ea ea		* Restricted to patients with central precocious puberty for Lupron Depot-Ped®. Also restricted to NDC labeler code 00074.
		Hemorheologic	Agents		
Cilostazol	Tablets	50 mg 100 mg	ea ea		
Pentoxifylline	Tablets, extended release	400 mg	ea		
		Hormones: And	Irogens		
Fluoxymesterone *	Tablets	2 mg 5 mg 10 mg	ea		* Fluoxymesterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty or metastatic mammary cancer in females. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Methyltestosterone *	Tablets	5 mg 10 mg 25 mg	ea ea ea		* Methyltestosterone is restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer in females. Please refer to the <u>Controlled Substance Policy</u> section for drug specific limitations.
Testosterone	See: Anti-Neoplastics				
		Hormones: Contr	aceptives		
Desogestrel and Ethinyl Estradiol *	Tablets from the	0.15 mg – 30 mcg Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice
	Tablets from the 21/2/5 Combination Packet (28 Tablets/Packet)	21 x 0.15 mg Desogestrel/ 0.02 mg ethinyl estradiol 2 x inert 5 x 0.01 mg ethinyl estradiol	ea		in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets from 7/7/7 Combination Packet (28 Tablets/Packet)	7 x 0.100 mg/ 0.025 mg 7 x 0.125 mg/ 0.025 mg 7 x 0.150 mg/ 0.025 mg 7 x inert	ea		Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4), regarding exceptions.
Drospirenone/ Ethinyl estradiol/ Levomefolate Calcium *	Tablets	28 tablets/packet 24x3 mg/0.02mg/ 0.451 mg 4x0.451 mg Levomefolate Calcium 28 tablets/packet 21x3 mg/0.03mg/ 0.451 mg 7x0.451 mg Levomefolate Calcium		QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Estradiol Valerate/Dienogest *	Tablets	28 tablets/packet 2x3 mg Estradiol Valerate 5x2 mg/2 mg 17x2 mg/3 mg 2x1 mg Estradiol Valerate 2 x inert	ea	LR, QL	* Estradiol Valerate/Dienogest is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 50419.
Ethinyl Estradiol/ Drospirenone *	Tablets	0.03 mg – 3 mg 0.02 mg – 3 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ethynodiol Diacetate and Ethinyl Estradiol *	Tablets	1 mg – 35 mcg, Tablets from 21-Tablet Packet	ea	QL	* Ethynodiol Diacetate and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is
		1 mg – 35 mcg, Tablets from 28-Tablet Packet	ea		intended for clients on a continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior
		1 mg – 50 mcg, Tablets from 21-Tablet Packet	ea		authorization request is required for the third supply of up to 12 months of the same product requested within a year.
		1 mg – 50 mcg, Tablets from 28-Tablet Packet	ea		Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Etonogestrel and Ethinyl Estradiol *	Vaginal Ring	0.120 mg – 0.015 mg	ea	QL	* Etonogestrel and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 13 rings per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive vaginal rings may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Lactic Acid, Citric Acid and Potassium Bitartrate *	Vaginal Gel		gm	LR, QL	* Restricted to one (1) box (12 single- use applicators) per dispensing and limited to three (3) dispensings per any 75-day period. Also restricted to NDC labeler code 69751 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Levonorgestrel and Ethinyl Estradiol *	Tablets	0.1 mg – 20 mcg, Tablets from 21 Tablet Packet 0.1 mg – 20 mcg, Tablets from 28 Tablet Packet 0.15 mg – 30mcg, Tablets from 21 Tablet Packet	ea	QL	* Levonorgestrel and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
		0.15 mg – 30mcg, Tablets from 28 Tablet Packet 0.15 mg – 30mcg, Tablets from 91 Tablet Packet 0.1 – 0.02 – 0.01 mg			Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets from 6/5/10 Combination Packet (21 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg	ea		
	Tablets from 6/5/10 Combination Packet (28 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg7 x inert	ea		
	Transdermal Patch *	2.6 mg – 2.3 mg	ea	LR, QL	* Restricted to a maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A Prior Authorization (PA) is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 71671 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Levonorgestrel and Ethinyl Estradiol/Ethinyl Estradiol	Tablets	0.15 – 0.03 – 0.01 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norelgestromin and Ethinyl Estradiol *	Transdermal Patch	6 mg – 0.75 mg 4.86 mg – 0.53 mg *	ea ea	QL LR	* Norelgestromin and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. * The 4.86mg-0.53mg formulation is restricted to labeler code 00378.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Norethindrone *	Tablets	0.35 mg Tablets from 28 Tablet Packet	ea	QL	*Norethindrone is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on
		0.35 mg Tablets from 42 Tablet Packet	ea		continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Note: Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Norethindrone and Ethinyl Estradiol *	Tablets	0.4 mg – 35 mcg Tablets from 21 Tablet Packet	ea	QL	* Norethindrone and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients
		0.4 mg – 35 mcg Tablets from 28 Tablet Packet	ea		on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization
		0.5 mg – 35 mcg Tablets from 21 Tablet Packet	ea		request is required for the third supply of up to 12 months of the same product requested within a year.
		0.5 mg – 35 mcg Tablets from 28 Tablet Packet	ea		Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR),
		1 mg – 35 mcg Tablets from 21 Tablet Packet	ea		Title 22, Section 51513(b)(4) regarding exceptions.
		1 mg – 35 mcg Tablets from 28 Tablet Packet	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets from 7/7/7 Combination Packet Tablets from 21 Tablet	7x0.5 mg/35 mcg	ea		
	Packet Tablets from 28	7x0.75 mg/35mcg	ea		
	Tablet Packet	7x1.0 mg/35 mcg	ea		
	Tablets from 7/9/5 Combination Packet Tablets from 21 Tablet	7x0.5 mg/35 mcg	ea		
	Packet Tablets from 28 Tablet	9x1.0 mg/35 mcg	ea		
	Packet	5x0.5 mg/35 mcg	ea		
	Tablets from 10/11 Combination Packet Tablets from 21 Tablet	10x0.5 mg/35mcg	ea		
	Packet Tablets from 28 Tablet Packet	11 x 1 mg/35 mcg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Norethindrone/Ethin yl Estradiol/Iron *	Tablets	1 -0.02 mg	ea	QL	* Restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norethindrone and Mestranol *	Tablets	1 mg – 50 mcg Tablets from 21 tablet packet 1 mg – 50 mcg Tablets from 28 tablet packet	ea	QL	* Norethindrone and Mestranol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year. Note: Payment limited to a minimum dispensing quantity of three cycles. See

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)					California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Norgestimate and Ethinyl Estradiol (Lo)	Tablets	7x.018mg/25mcg 7x0.215mg/25mcg 7x0.25mg/25mcg	ea	QL	* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
Norgestimate and Ethinyl Estradiol *	Tablets from 7/7/7 (triphasic) Combination Packet (21 Tablets/Packet) Tablets from 7/7/7 (triphasic) Combination Packet (28 Tablets/Packet)	7x0.180mg/35mcg 7x0.215mg/35mcg 7x0.250mg/35mcg 7x0.180mg/35mcg 7x0.215mg/35mcg 7x0.250mg/35mcg 7 inert	ea	QL	* Norgestimate and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization request is required for the third supply



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Tablets from Monophasic Packet (28 tablets/packet)	21x0.25mg/35mcg 7 inert	ea		of up to 12 months of the same product requested within a year. Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Norgestrel and Ethinyl Estradiol *	Tablets	0.3 mg – 30 mcg Tablets from 21 tablet packet 0.3 mg – 30 mcg Tablets from 28 tablet packet	ea	QL	* Norgestrel and Ethinyl Estradiol is restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice
		0.5 mg – 50 mcg Tablets from 21 tablet packet	ea		in one year. A prior authorization request is required for the third supply of up to 12 months of the same product requested within a year.
		0.5 mg – 50 mcg Tablets from 28 tablet packet	ea		Note : Payment limited to a minimum dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Segesterone Acetate and Ethinyl Estradiol *	Vaginal Ring	103 mg – 17.4 mg	ea	LR, QL	* Segesterone Acetate and Ethinyl Estradiol is restricted to NDC labeler code 50261 and restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for beneficiaries on a continuous cycle. Restricted to a maximum of 2 dispensings in a 12- month period. A prior authorization request is required for a third dispensing of the same product requested within a 12-month period.
Ulipristal Acetate *	Tablets	30 mg	each	LR, QL	* Ulipristal Acetate is restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and for females only. Ulipristal Acetate is also restricted to NDC labeler codes 50102 and 73302 only.
	Но	rmones: Estrogens 8	k Combin	ations	
Estradiol	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Transdermal system once-weekly patch	0.025 mg 0.05 mg 0.075 mg 0.1 mg	ea ea ea ea		
	Transdermal system twice-weekly patch	0.1 mg	ea		
	Vaginal ring	2 mg	ea		
Estrogens, Conjugated	Tablets or Capsules	0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg	ea ea ea ea		
	Vaginal Cream	Tube- refill Tube with applicator	gm gm		
Estrogens, conjugated and Medroxyprogestero ne Acetate	Tablets	0.625 mg-2.5 mg Tablets from 28-tablet package 0.625 mg - 5 mg	ea		
		Tablets from 28-tablet package			



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Estrogens, Esterified	Tablets or Capsules	0.3 mg 0.625 mg 1.25 mg 2.5 mg	ea ea ea ea		
		Hormones: Gluco	corticoids	5	
Cortisone	Injection	50 mg/ml	ml		
Dexamethasone	Liquid Drops	1 mg/ml	ml		
	Elixir	0.5 mg/5 ml	ml		
	Solution	0.5 mg/5 ml	ea		
	Injection Ophthalmic Ointment Ophthalmic Solution	0.5 mg 0.75 mg 1.0 mg 1.5 mg 2.0 mg 4.0 mg 6.0 mg 4 mg/ml 0.05 % 0.1 %	ea ea ea ea ea ml gm		
Dexamethasone Intensol	Drops	1 mg/ml	ml		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fludrocortisone Acetate	Tablets	0.1 mg	ea		
Hydrocortisone	Injection	25 mg/ml, 5 ml 25 mg/ml, 10 ml 50 mg/ml, 5 ml 50 mg/ml, 10 ml	ml ml ml ml		
	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Rectal foam, aerosol with rectal applicator	10%	gm		
	Retention enema	100 mg/60 ml, 60 ml	ml		
	Topical cream	1 % 2.5 %	gm gm		
	Lotion	1 % 2.5 %	ml ml		
	Ointment	1 % 2.5 %	gm gm		
Methylprednisolone	Dosepak	4 mg	ea		
	Tablets	4 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Prednisolone	Injection	20 mg/ml, 2 ml 20 mg/ml, 5 ml 20 mg/ml, 10 ml 25 mg/ml, 10 ml 25 mg/ml, 30 ml	ml ml ml ml ml		
	Tablets	5 mg	ea		
	Liquid	5 mg/5 ml 15 mg/5 ml	ml ml		
Prednisolone Sodium Phosphate	Orally Disintegrating Tablets	10 mg 15 mg 30 mg	ea ea ea		
	Solution	15 mg/5 ml	ml		
Prednisone	Tablets	1 mg 2.5 mg 5 mg 10 mg 20 mg	ea ea ea ea		
		50 mg	ea		
Triamcinolone	Intralesional Parenteral	25 mg/ ml 10 mg/ ml, 5 ml 40 mg/ ml, 1 ml 40 mg/ ml, 5 ml	ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Cream (low-sensitizing base excluded)	0.025 % 0.1 % 0.5 %	gm gm gm		
	Ointment (low- sensitizing base excluded)	0.025 % 0.1 % 0.5 %	gm gm gm		
	Lotion	0.025 %, 60 ml	ml		
	Aerosol inhaler with adapter	20 gm	gm		
	Nasal spray	50 mcg/actuation, 15 ml	ml		
	Paste	0.1 %	gm		
		Hormones: Hypo	glycemics		
Acarbose	Tablets	25 mg 50 mg 100 mg	ea		
Alogliptin *	Tablets	6.25 mg 12.5 mg 25 mg	ea ea ea	LR	* Restricted to NDC labeler code 64764 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Alogliptin/ Metformin HCL *	Tablets	12.5 mg/500 mg 12.5 mg/1000 mg	ea ea	LR	* Restricted to NDC labeler code 64764 only.
Alogliptin/ Pioglitazone	Tablets	12.5 mg/15 mg 12.5 mg/30 mg 12.5 mg/45 mg 25 mg/15 mg 25 mg/30 mg 25 mg/45 mg	ea ea ea ea ea		
Chlorpropamide	Tablets	100 mg 250 mg	ea ea		
Dapagliflozin *	Tablets	5 mg 10 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Dapagliflozin/ Metformin HCL Extended Release	Tablets	5 mg/500 mg 5 mg/1000 mg 10 mg/500 mg 10 mg/1000 mg	ea ea ea ea		
Dulaglutide *	Injection, pen	0.75 mg/0.5 ml 1.5 mg/0.5 ml 3 mg/0.5 ml 4.5 mg/0.5 ml	ml ml ml ml	LR	* Restricted to NDC labeler Code 00002.
Empagliflozin	Tablets	10 mg 25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Empagliflozin/ Linagliptin *	Tablets	10 mg/5 mg 25 mg/5 mg	ea	LR	* Empagliflozin/Linagliptin is restricted to NDC labeler code 00597.
Empagliflozin/ Linagliptin/ Metformin *	Tablets	5mg/2.5mg/ 1000 mg 10mg/5mg/ 1000 mg 12.5mg/2.5mg/ 1000 mg 25mg/5mg/ 1000 mg	ea	LR	* Empagliflozin/Linagliptin/ Metformin HCL is restricted to NDC labeler code 00597.
Empagliflozin/ Metformin *	Tablets	5 mg/500 mg 5 mg/1000 mg 12.5 mg/500 mg 12.5 mg/1000 mg	ea	LR	* Empagliflozin/ Metformin HCL is restricted to NDC labeler code 00597.
	Tablets, Extended - Release	5 mg/1000 mg 10 mg/1000 mg 12.5 mg/1000 mg 25 mg/1000 mg			
Exenatide *	Pre-filled Extended Release Injectable Suspension Pen	2 mg/pen	ea	LR	* Exenatide is restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
	Pre-filled Injectable Pen *	250mcg/ml, 1.2ml 250mcg/ml, 2.4ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Glimepiride	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Glipizide	Tablets	5 mg 10 mg	ea ea		
	Tablets, Long Acting	2.5 mg 5 mg 10 mg	ea ea ea		
Glipizide and Metformin HCL	Tablets	2.5 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		
Glyburide	Tablets	1.25 mg 2.5 mg 5 mg	ea ea ea		
	Tablets, Micronized	1.5 mg 3 mg 6 mg	ea ea ea		
Glyburide and Metformin HCL	Tablets	1.25 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Insulin	Injection, concentrated, USP (rDNA Origin) regular	500 units/ml, 20 ml	ml		
Insulin Glargine (rDNA Origin) *	Injection	100 units/ml, 10 ml	ml	LR	* Insulin Glargine (rDNA Origin) is restricted to NDC labeler code 00088,
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		00002, and 49502 only.
Insulin Glargine- YFGN	Vial	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Injection	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart (niacinamide) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Injection	100 units/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart Protamine Suspension/Insulin Aspart, (rDNA Origin) *	Injection, Insulin aspart protamine 70% and Insulin aspart 30% Prefilled Pen, Insulin aspart protamine 70% and insulin aspart 30%	100 units/ml, 10 ml 100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
Insulin Degludec *	Injection Prefilled Pen	100 units/ml 100 units/ml, 3 ml x 5 200 units/ml, 3 ml x 3	ml ml	LR	* Restricted to NDC labeler code 00169 only.
Insulin Detemir (rDNA Origin) *	Injection Prefilled Pen	100 units/ml 100 units/ml, 3 ml x 5	ml ml	LR	* Restricted to NDC labeler code 00169 only.
Insulin Lispro (rDNA Origin) *	Cartridge Injection Prefilled Pen	100 units/ml, 3 ml x 5 100 units/ml, 3ml 10ml 100 units/ml, 3 ml x 5	ml ml ml	LR	* Insulin Lispro (rDNA Origin) is restricted to NDC labeler codes 00002, 00024, and 66733 only. * Restricted to NDC labeler code 00024 for the 3 ml vial only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Insulin Lispro Protamine/Insulin Lispro (rDNA Origin) *	Injection Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 10 ml	ml	LR	* Insulin Lispro Protamine Suspension/Insulin Lispro Injection (rDNA Origin) is restricted to NDC labeler code 00002 only.
	Injection Insulin lispro protamine 50% and insulin lispro 50%	100 units/ml, 10 ml	ml		
	Prefilled pen Insulin lispro protamine 75% and insulin lispro 25%	100 units/ml, 3 ml X 5	ml		
	Prefilled pen Insulin lispro protamine 50% and insulin lispro 50%	100 units/ml, 3 ml X 5	ml		
Linagliptin *	Tablets	5 mg	ea	LR	* Linagliptin is restricted to NDC labeler code 00597 only.
Linagliptin/ Metformin HCL *	Tablets	2.5 mg/500 mg 2.5 mg/850 mg 2.5 mg/1000 mg	ea ea ea	LR	* Linagliptin/Metformin HCL is restricted to NDC labeler code 00597 only.
	Tablets, Extended Release	2.5 mg/1000 mg 5 mg/1000 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Liraglutide *	Prefilled Pen	18 mg/3ml	ml	LR	* Restricted to use in improving glycemic control in patients with type II Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
Metformin HCL	Tablets	500 mg 850 mg 1000 mg	ea ea ea		
	Tablets, Extended Release (SCOT delivery system)	500 mg 1000 mg	ea ea		
	Tablets, extended release (GR drug delivery system)	500 mg	ea		
	Tablets, Extended Release	500 mg 750 mg	ea		
	Solution, Oral	100 mg/ ml	ml		
Miglitol	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Nateglinide	Tablets Tablets	60 mg 120 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Pioglitazone HCL	Tablets	15 mg 30 mg 45 mg	ea		
Pioglitazone HCL/ Glimepiride	Tablets	30 mg/2 mg 30 mg/4 mg	ea		
Pioglitazone HCL/ Metformin HCL	Tablets	15 mg/500 mg 15 mg/850 mg	ea		
Pramlintide Acetate *	60 Pen Injector 120 Pen Injector	1.5 ml 2.7 ml	ml ml	LR	*Pramlintide Acetate is restricted to use in the treatment of Type 2 diabetes and NDC labeler code 00310 only.
Saxagliptin *	Tablets	2.5 mg 5 mg	ea ea	LR	* Saxagliptin is restricted to NDC labeler codes 00003 and 00310 only.
Saxagliptin/ Metformin HCL Extended-Release *	Tablets	2.5 mg /1,000 mg 5 mg /500 mg 5 mg /1,000 mg	ea ea ea	LR	* Saxagliptin/Metformin HCL Extended Release is restricted to NDC labeler codes 00003 and 00310 only.
Semaglutide *	Prefilled Pen	0.25-0.5mg/1.5 ml 1 mg/1.5 ml 1 mg/3 ml	ml ml ml	LR	* Restricted to use in improving glycemic control in patients with type II Diabetes Mellitus. Also, restricted to NDC labeler code 00169 only.
	Tablets	3 mg 7 mg 14 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sitagliptin *	Tablets	25 mg 50 mg 100 mg	ea ea ea	LR	* Sitagliptin is restricted to NDC labeler code 00006 only.
Sitagliptin/ Metformin HCL	Tablets	50 mg/500 mg 50 mg/1000 mg	ea ea	LR	* Sitagliptin/Metformin HCL is restricted to NDC labeler code 00006 only.
	Tablets, Extended Release	50 mg/500 mg 50 mg/1000 mg 100 mg/1000 mg	ea ea ea		
Tolazamide	Tablets	100 mg 250 mg 500 mg	ea ea ea		
Tolbutamide	Tablets	250 mg 500 mg	ea ea		
		Hormones: Hypogly	cemic Sh	ock	
Dasiglucagon HCL *	Single Dose Auto- Injector	0.6 mg/0.6 ml	ml	QL	* Restricted to a maximum of two (2) injections per dispensing and two dispensing in any 90-day period.
	Single Dose Prefilled Syringe	0.6 mg/0.6 ml	ml		
Glucagon (R-DNA Origin) *	Injection, Emergency Kit	1 mg/vial	ea	LR	* Restricted to NDC labeler codes 00002 and 00169 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Glucagon (synthetic)	Nasal Powder *	3 mg	ea	LR, QL	* Restricted to a maximum of two (2)
	Prefilled Auto-Injector *	0.5 mg/0.1ml 1.0 mg/0.2 ml	ml ml		devices per dispensing and two dispensing in any 90-day period. Also restricted to NDC labeler code 00002
	Prefilled Syringe *	0.5 mg/ 0.1 ml 1.0 mg/0.2 ml	ml ml		for the nasal powder only. * Restricted to a maximum of two (2) injections per dispensing and two (2) dispensing in any 90-day period for the
	Single-Dose Vial/ Syringe Kit *	1 mg/0.2 ml	ml		prefilled auto-injector, syringe, and single-dose vial/syringe kit. Also restricted to NDC labeler code 72065.
		Hormones: Para	athyroid		
Calcitonin-Salmon	Injection	200 IU/ml	ml		
	Nasal Spray	2200 IU/ml	ml		
		Hormones: Pit	tuitary		
Desmopressin	Injection	4 mcg/ml	ml		
	Nasal solution or spray	0.01 % 2.5ml 5 ml	ml ml		
	Tablets	0.1 mg 0.2 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Ног	rmones: Progestins	& Combin	ations	
Hydroxyprogesterone Caproate/PF	Vial	250 mg/ml	ml		
	Auto Injector	275 mg/1.1	ml		
Medroxyprogestero ne Acetate	Injection	150 mg/ml 400 mg/ml	ml ml		
	Injection, prefilled syringe	150 mg/ml	ml		
	Prefilled syringe	104 mg/0.65 ml 400 mg/0.65 ml	ml ml		
	Tablets		ea		
Norethindrone Acetate and Ethinyl Estradiol *	Tablets	1 mg – 10 mcg/ 2 Fe tablets Tablets from 28 tablet packet 1 mg – 20 mcg	ea	LR, QL	* Norethindrone Acetate and Ethinyl Estradiol are restricted to a maximum quantity of up to 18 cycles (packs) per dispensing. The maximum supply is intended for clients on continuous cycle.
		Tablets from 21 tablet packet			A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A prior authorization
		1 mg – 20 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea Q	QL	request is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)		1.5 mg – 30 mcg Tablets from 21 tablet packet	ea	QL	*The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC Labeler Code 00430
		1.5 mg – 30 mcg/ 7 Fe tablets Tablets from 28	ea	QL	Note: Payment limited to a minimum
	Tablets from 5/7/9 combination packet (28 Tablets/packet)	tablet packet 5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x mg/35 mcg 7 inert	ea	QL	dispensing quantity of three cycles. See California Code of Regulations (CCR), Title 22, Section 51513(b)(4) regarding exceptions.
Progesterone	Injection	50 mg/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Hormones: Thyroid and Antithyroid									
Levothyroxine Sodium	Tablets or Capsules	0.025 mg 0.05 mg 0.075 mg 0.088 mg 0.1 mg 0.112 mg 0.125 mg 0.137 mg 0.15 mg 0.175 mg 0.2 mg 0.3 mg	ea							
	Capsules Solution *	13 mcg 100 mcg/5 ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.					
Liothyronine Sodium	Tablets Vial	5 mcg 25 mcg 50 mcg 10 mcg/ml	ea ea ea ml							
Methimazole	Tablets	5 mg 10 mg	ea ea							
Propylthiouracil	Tablets	50 mg	ea							

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Thyroid	Tablets, plain	15 mg	ea		
		30 mg	ea		
		65 mg	ea		
		98 mg	ea		
		120 mg	ea		
		200 mg	ea		
		250 mg	ea		
		325 mg	ea		
Thyroid, Pork	Tablets	15 mg	ea		
		30 mg	ea		
		32.5 mg	ea		
		48.75 mg	ea		
		60 mg	ea		
		65 mg	ea		
		90 mg 97.5 mg	ea		
		120 mg	ea ea		
		130 mg	ea		
		Hypoprolactinen			
Bromocriptine	Tablets or Capsules	2.5 mg	ea	AL	* Use in beneficiaries less than 16 years
Mesylate *	·	5 mg	ea		of age requires prior authorization approval.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Immunomodu	ılators		
Adalimumab (original or citrate free) *	Prefilled pens or syringes Starter Packages ChronUC-HS PS-UV-ADOL HS ChronUC-HS Pedi. Chron. Pedi. UC PS-UV-ADOL HS (80 mg/40 mg) Pedi. Chron. (80 mg/40 mg)	10 mg/0.1 ml 20 mg/0.2 ml 40 mg/0.4 ml 40 mg/0.8 ml 80 mg/0.8 ml 80 mg/0.8 ml 80 mg/0.8 ml	ea	LR, QL	* Restricted to 1) FDA approved indications; and 2) a maximum quantity per dispensing of one carton (billing equivalent of two, three, four, or six pens or syringes) per 28-day period. Also restricted to NDC labeler code 00074 only.
Apremilast *	Tablets	30 mg	ea	LR	* Restricted to the treatment of adult patients with psoriatic arthritis, plaque psoriasis, or oral ulcers associated with Behçet's Disease. Also restricted to NDC labeler code 55513 only.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diroximel Fumarate *	Capsules, delayed- release	231 mg	ea	AR, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler Code 64406.
Etanercept *	Single dose prefilled syringe	25 mg/0.5 ml 50 mg/ml	ml ml	LR, QL	* Restricted to 1) FDA approved indications; and 2) Maximum fill quantity of 1 carton (4 single-dose
	Single-dose prefilled SureClick autoinjector	50 mg/ml	ml		prefilled syringes) or 1 carton (4 SureClick® single-dose prefilled autoinjectors) or 1 carton (4 Enbrel
	Single dose vial	25 mg/0.5 ml	ml		Mini® single-dose prefilled cartridges) or 1 kit (4 multiple-dose vials) or 1
	Lyophilized powder, multiple-dose vial for reconstitution	25 mg	ea		carton (4 single-dose vials) per 28-day period. Also restricted to NDC labeler code 58406 only.
	Enbrel Mini single- dose prefilled cartridge	50 mg	ml		Note : Bill using outer package NDCs for proper reimbursement.
Leflunomide	Tablets	10 mg 20 mg	ea ea		
Monomethyl Furmarate *	Capsules, delayed- release	95 mg	ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler Code 69387.



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ozanimod Hydrochloride *	Capsules	0.92 mg, 30 count bottle	ea		* Restricted to use in patients 18 years of age and older for the treatment of
	7-day starter pack	0.23 mg x 4, 0.46 mg x 3	ea		multiple sclerosis or ulcerative colitis only. Also restricted to NDC labeler Code 59572.
	Starter Kit	0.23 mg x 4, 0.46 mg x 3, 0.92 mg x 30	ea		Code 59572.
Risankizumab-rzaa *	Single-dose prefilled autoinjector or syringe	150 mg/ml	ml	AL, QL	* Restricted to 1) The treatment of moderate-to-severe plaque psoriasis or active psoriatic arthritis in patients 18 years of age and older; and 2) A maximum dispensing quantity of one (1) carton per 84-day period, not including initial loading doses in accordance with FDA-approved labeling.
Secukinumab *	Single dose prefilled syringes or pens	75 mg/0.5 ml x 1 (75 mg)	ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one (1) carton
		150 mg/ml x 1 (150 mg)	ml		per 28-day period, not including initial loading doses in accordance with FDA-approved labeling. Also restricted to
		150 mg/ml x 2 (300 mg)	ml		NDC labeler code 00078.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I						
	Immunosuppressive Agent										
Azathioprine	Tablets	50 mg	ea								
Cyclosporine, Modified	Capsules	25 mg 100 mg	ea ea								
Mycophenolate Mofetil	Capsules	250 mg 500 mg	ea ea								
	Suspension *	200 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.						
Sirolimus	Tablets	0.5 mg 1 mg	ea ea								
	Solution, oral *	1 mg/ml	ml	AL	* Restricted to beneficiaries that are age 21 and under.						
Tacrolimus	Capsules	0.5 mg 1 mg 5 mg	ea ea ea								
		Interstitial Cystit									
Pentosan Polysulfate Sodium	Capsules	100 mg	ea								
		Laxative	S								
Lactulose	Solution	10 g/15 ml	ml								

entract Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Local Anesthetic Injection									
Lidocaine Hydrochloride *	Injection	1 %, 10 ml 1 %, 20 ml	ml ml	QL	* Lidocaine Hydrochloride is restricted to a maximum quantity of 20 ml per dispensing.					
	Metabolic Supple	ments: Calcium Sup _l	olements	& Vitam	in D Analogs					
Calcitriol	Tablets or Capsules	0.25 mcg 0.50 mcg	ea ea							
	Solution, Oral	1 mcg/ml	ml							
Calcium Acetate	Tablets or Capsules	667 mg	ea		* Restricted to NDC labeler code 49230 only for liquid form.					
	Liquid *	133.4 mg/ml	ml	LR						
Doxercalciferol	Capsules	0.5 mcg 2.5 mcg	ea ea							
Ergocalciferol	Capsules	1.25 mg	ea							
	1	Metabolic Suppleme	ents: Fluoi	ride						
Sodium Fluoride	Tablets	2.2 mg	ea		Sodium Fluoride is not subject to the 100 maximum calendar day supply					
	Chewable tablets 0.25 (0.55) mg ea ea ea 1.0 (2.2) mg ea		Note: Refer to the Drugs: Contract Drugs List Over-the-Counter Drugs section for more information.							
	Drops		ml							



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Solution (does not include rinses)		ml		
	Gel	1.1 %	gm		
	Metabo	lic Supplements: Po	tassium S	uppleme	ent
Potassium Bicarbonate/ Citric Acid	Tablets, effervescent	10 meq 20 meq 25 meq	ea		
Potassium Chloride	Tablets, long acting	8 meq 10 meq 20 meq	ea		
	Tablets, extended release	15 meq 20 meq	ea ea		
	Injection		ml		
	Liquid	10 % 20 %	ml ml	QL	Note : Payment for oral liquid limited to a minimum dispensing quantity of 480 ml. See California Code of Regulations (CCR), Title 22, Section 51513(b)(5) regarding exceptions.
	Capsules,	8 meq	ea		
	long acting	10 meq	ea		
	Packet	20 meq	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Potassium Citrate	Tablets, extended release	5 meq 10 meq 15 meq	ea ea ea		
Potassium Citrate Monohydrate/ Sodium Citrate Dihydrate/Citric Acid Monohydrate	Solution, oral	550 mg/500 mg / 334 mg	ml		
Potassium Gluconate	Tablets	500(83) mg 550(90) mg 595(99) mg 600(99) mg	ea ea ea ea		
Potassium Phosphate, Monobasic	Tablets	500 mg	ea		
Sodium Phosphate, Dibasic, Monobasic/ Sodium Phosphate Monobasic	Tablets	250 mg	ea		
Sodium Phosphate, Monobasic/ Sodium Phosphate Monobasic	Tablets	700-305 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Metabolic Suppleme	nts: Vitan	nins	
Cyanocobalamin (Injectable Only)	Injection	100 mcg/ml 1000 mcg/ml	ml ml		
Folic Acid	Tablets	1mg	ea		
Leucovorin Calcium	Injection	3 mg/ml, 1 ml	ml		
	Powder for injection	50 mg/vial 100 mg/vial	ea ea		
	Tablets	5 mg 10 mg 25 mg	ea ea ea		
Levocarnitine	Tablets	330 mg	ea		
	Liquid, oral	100 mg/ml	ml		
Levocarnitine SF	Liquid, oral	100 mg/ ml	ml		
Pyridoxine	Injection	100 mg/ml, 10 ml 100 mg/ml, 30 ml	ml ml		
Thiamine Hydrochloride	Injection	100 mg/ml	ml		
Vitamins A, D, C,	Chewable Tablets	100s	ea		(Reimbursable for children up to the 5th
with Sodium Fluoride	Drops	50 ml	ml		birthday only.) Note : Refer to the Drugs: Contract Drugs List Over-the-Counter Drugs section for more information.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I				
		Miscellane	ous						
Water for Injection, Sterile Water for Injection, Bacteriostatic	Injection	5 ml 10 ml 20 ml 30 ml 50 ml	ml ml ml ml						
	Movement Disorder Agents								
Deutetrabenazine *	Tablets	6 mg 9 mg 12 mg	ea ea ea	AL, LR	* Restricted to use in the treatment of chorea associated with Huntington's disease in adults 18 years of age or older. Use in the treatment of tardive dyskinesia requires prior authorization. Also restricted to NDC labeler code 68546.				
Tetrabenazine *	Tablets	12.5 mg 25 mg	ea ea		* Restricted to use in the treatment of chorea associated with Huntington's disease.				
		Nasal Corticos	teroids						
Beclomethasone Dipropionate	Nasal Spray	42 mcg	gm						
Budesonide	Nasal Spray	32 mcg	ml						

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fluticasone Furoate	Nasal Spray	27.5 mcg/ actuation, 9.9 ml	ml		
		27.5 mcg/ actuation, 15.8 ml	ml		
		27.5 mcg/ actuation, 10 gm	gm		
Fluticasone Propionate	Nasal Spray	50 mcg/actuation, 9.9 ml	ml	AL, LR	* Restricted to the treatment of nasal polyps in adults (18 years of age or
		50 mcg/actuation, 15.8 ml	ml		older). Also restricted to NDC labeler code 71143 for the 93 mcg/actuation
		50 mcg/actuation, 16.0 gm	gm		nasal spray only.
		93 mcg/actuation, 16.0 ml *	ml		
	Ophthal	mic Preparations: Ar	nti-Glauco	oma Age	nts
Acetazolamide	Tablets	125 mg 250 mg	ea ea		
	Capsules, sustained release	500 mg	ea		
Apraclonidine *	Ophthalmic solution	0.5 %	ml		
Betaxolol HCL	Ophthalmic Drops	0.25 % 0.5 %	ml		

THCS

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bimatoprost *	Ophthalmic Solution	0.01 %	ml	LR	* Restricted to NDC labeler code 00023 only.
Brimonidine Tartrate	Ophthalmic Solution	0.15 % * 0.1 % * 0.2 %	ml ml ml	LR	* Restricted to NDC labeler code 00023 for the 0.15% and 0.1% ophthalmic solutions only.
Brimonidine Tartrate/ Timolol Maleate *	Ophthalmic Solution	0.2 %/0.5 %	ml	LR	* Restricted to NDC labeler code 00023 only.
Brinzolamide *	Ophthalmic Suspension	1.0 %	ml	LR	* Restricted to NDC labeler codes 00078 and 00065 only.
Brinzolamide/ Brimonidine Tartrate	Ophthalmic Suspension	1 % - 0.2 %	ml	LR	* Restricted to NDC labeler codes 00078 and 00065.
Carteolol HCL	Ophthalmic Solution	1 %	ml		
Dorzolamide HCL	Ophthalmic Solution	2 %	ml		
Dorzolamide HCL and Timolol Maleate	Ophthalmic Solution	2 %/0.5 %	ml		
Latanoprost	Ophthalmic Solution	0.005 %	ml		
Levobunolol HCL	Ophthalmic Drops	0.5 %	ml		
Methazolamide	Tablets	25 mg 50 mg	ea ea		

et Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Netarsudil *	Ophthalmic Solution	0.02 %	ml	LR	* Netarsudil is restricted to NDC labeler code 70727.
Netarsudil/ Latanoprost *	Ophthalmic Solution	0.02 %/0.005 %	ml	LR	*Netarsudil/ Latanoprost is> restricted to NDC labeler code 70727.
Timolol Maleate	Ophthalmic Drops	0.25 %, 5 ml, 10 ml, 15 ml 0.5 %, 5 ml, 10 ml, 15 ml	ml ml		
Travoprost *	Ophthalmic Solution	0.004 %, 2.5 ml 0.004 %, 5.0 ml	ml ml	LR	* Travoprost is restricted to NDC labeler code 00065 and 00078 only.
	Ophthalmic Solution with Sofzia Preservative	0.004 %, 2.5 ml 0.004 %, 5.0 ml	ml ml		
	Ophthal	mic Preparations: Օլ	ohthalmic	Anesth	etic
Proparacaine HCL *	Ophthalmic Solution	0.5 %, 2 ml 0.5 %, 15 ml	ml ml		
	Ophthal	mic Preparations: Օր	ohthalmic	Antibio	tics
Azithromycin	See: Antibiotics				
Bacitracin	Ophthalmic Ointment		gm		
Chloramphenicol	See: Antibiotics				
Ciprofloxacin HCL	Ophthalmic Solution	0.3 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Erythromycin Ophthalmic Ointment	Ophthalmic Ointment		gm		
Gentamicin	See: Antibiotics				
Moxifloxacin HCL Ophthalmic Solution (non-viscous, equivalent to Vigamox®)	Ophthalmic Solution	0.5 %	ml		
Natamycin	Ophthalmic Solution	5 %,15 ml	ml		
Neomycin, Bacitracin and Polymyxin	Ophthalmic Ointment		gm		
Neomycin, Polymyxin and Gramicidin	Ophthalmic Solution		ml		
Ofloxacin	Ophthalmic Solution	0.3 %	ml		
Polymyxin, Bacitracin	Ophthalmic Ointment		gm		
Tobramycin	Ophthalmic Solution	0.3 %, 5 ml	ml		
Trimethoprim Sulfate and Polymyxin B Sulfate	Ophthalmic Solution		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I				
	Ophthalmic Preparations: Ophthalmic Antihistamines								
Alcaftadine	Ophthalmic Solution	0.25 %	ml						
Azelastine HCL	See: Antihistamines								
Epinastine HCL	Ophthalmic Drops	0.05 %	ml						
Ketotifen Fumarate	Ophthalmic Drops	0.025 %	ml						
Loteprednol Etabonate	Ophthalmic Ointment	0.5 %	gm						
	Ophthalmic Gel drops	0.38 % 0.5 %	gm gm						
Olopatadine HCL	Ophthalmic Solution	0.1 %, 5 ml 0.2 %, 2.5 ml	ml ml						
	Ophthalmic P	reparations: Ophtha	almic Anti	-Inflamr	matories				
Dexamethasone	See: Glucocorticoids								
Dexamethasone with Neomycin and Polymyxin	Ophthalmic Ointment	0.1 % - 0.35 %/ 10,000U/gm 3.5 gm	gm						
	Ophthalmic Solution or Suspension	0.1 % - 0.35 %/ 10,000U/gm 5 ml	ml						
Diclofenac Sodium	See: Anti-Inflammatory								
Fluorometholone	Ophthalmic Suspension	0.1 % 0.25 %	ml ml						



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ketorolac Tromethamine	Ophthalmic Solution	0.4 % 0.5 %	ml ml		
	Ophthalmic solution, single use vials	0.45 %, 30s *	ea	LR	* The 0.45%, 30s ophthalmic solution, single use vials are restricted to NDC labeler code 00023.
Loteprednol Etabonate *	Ophthalmic suspension	0.2 % 0.25 % * 0.5 %	ml ml ml	LR	* Loteprednol Etabonate is restricted NDC labeler code 24208 only. * The 0.25% ophthalmic suspension is restricted to the short-term treatment of 14 days for Dry Eye Disease and to labeler code 71571 only.
Loteprednol Etabonate/ Tobramycin	Ophthalmic suspension	0.5 % 0.3 %	ml ml		
Prednisolone	Ophthalmic solution	0.12 % - 0.125 %, 5 ml 0.12 % - 0.125 %, 10 ml 1.0 %, 5 ml 1.0 %, 10 ml 1.0 %, 15 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sulfacetamide with Prednisolone	Ophthalmic ointment	10 % - 0.25 %	gm		
	Ophthalmic solution	10 % - 0.23 % (10% - 0.25%)	ml		
		10 % - 0.2 %	ml		
Tobramycin with	Ophthalmic Ointment *	0.3 % - 0.1 %	gm	LR	* Restricted to NDC labeler code 00065
Dexamethasone	Ophthalmic Solution or Suspension	0.3 % - 0.1 %	ml		and 00078 for the ophthalmic ointment only.
	Ophthalı	mic Preparations: O _l	ohthalmic	Anti-Vii	rals
Ganciclovir	Ophthalmic gel *	0.15 %	gm	LR, QL	* Restricted to NDC labeler code 24208 and to use for the treatment of acute herpetic keratitis (dendritic ulcers). Also restricted to a maximum of one tube (5 grams) per dispensing and a maximum of two dispensings in any 12-month period for the ophthalmic gel only.
Trifluridine	Ophthalmic Solution	1 %, 7.5 ml	ml		
	Ophthalmic P	reparations: Ophtha	almic Mas	t Cell St	abilizers
Cromolyn Sodium	Ophthalmic solution	4 %	ml		
Lodoxamide	Ophthalmic Solution	0.1 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Ophthalmic Preparations: Ophthalmic Miotics									
Echothiophate	Ophthalmic		ml							
Pilocarpine	Ophthalmic Gel	4 %,	gm							
	Ophthalmic solution	1/4 % 1 % 2 % 3 % 4 % 5 % 6 % 8 % 10 %	ml ml ml ml ml ml ml ml							
	Ophthal	mic Preparations: O	phthalmic	Mydria	tics					
Atropine	Injection Ophthalmic Ointment Ophthalmic Solution	1/2 % 1 % 1/2 %	ml gm gm ml							
		1 % 2 % 3 % 4 %	ml ml ml ml							

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Cyclopentolate	Ophthalmic solution	0.5 % 1 % 2 %	ml ml ml		
Cyclopentolate/Phe nylephrine	Ophthalmic Drops	0.2 %-1 %	ml		
Phenylephrine	Ophthalmic Solution	0.12 % 2.5 % 10 %	ml		
Tropicamide	Ophthalmic Solution	0.5 % 1 %	ml ml		
	Ophthaln	nic Preparations: Op	hthalmic	Sulfonar	nide
Sulfacetamide Sodium	Ophthalmic Ointment	10 %	gm		
	Ophthalmic Solution	10 % 15 % 30 %	ml ml ml		
	Ophthalmic Prepara	ntions: Ophthalmic \	/asoconst	rictors &	Combinations
Naphazoline HCL	Ophthalmic Solution	0.1 %	ml		
Naphazoline HCL and Antazoline Phosphate	Ophthalmic Solution	0.05 % – 0.5 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
		Otic Prepara	tions		
Acetic Acid with Aluminum Acetate	Otic Solution	2 %	ml		
Acetic Acid with Hydrocortisone	Otic Solution	2 %-1 %	ml		
Ciprofloxacin HCL/ Dexamethasone *	Otic Suspension	3mg/ml – 1mg/ml	ml	LR	* Restricted to NDC labeler codes 00065 and 00078 only.
Ciprofloxacin Hydrochloride/ Hydrocortisone *	Otic Suspension	2mg/ml – 10mg/ml	ml	LR	* Restricted to NDC labeler codes 00065 and 00078 only.
Hydrocortisone with Polymyxin B and Neomycin	Otic Solution	1 %, 10,000 units - 3.3 mg/ml, 10 ml	ml		
	Otic Suspension	1 %, 10,000 units – 3.3 mg/ml, 10 ml	ml		
Neomyc/Colistin/ Hydrocortisone/ Thonzonium	Otic Suspension	3.3 mg/1 ml, 3 mg/1 ml, 1 %, 0.5 mg/1 ml	ml		
Ofloxacin	Otic Solution	0.3 %	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Oxytocics									
Methylergonovine Maleate	Tablets	0.2 mg	each							
		Prostate Ag	ents							
Alfuzosin HCL	Tablets, extended release	10 mg	ea							
Dutasteride	Capsules	0.5 mg	ea							
Finasteride	Tablets	5 mg	ea							
Prazosin HCL	See: Diuretics & Cardiovascular: Antihypertensive (also see Diuretics)									
Tamsulosin HCL	Capsules	0.4 mg	ea							
Terazosin Hydrochloride	Tablets or capsules	1 mg 2 mg 5 mg 10 mg	ea ea ea ea							
		Phosphate Bi	nders							
Calcium Acetate	See: Calcium Supplements & Vitamin D Analogs									

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sevelamer Carbonate	Tablets	800 mg	ea		
Sevelamer Hydrochloride	Tablets	400 mg 800 mg	ea ea		
	Rec	ombinant Human G	rowth Ho	rmone	
Somatropin *	Pen Injector	5 mg/2 ml 10 mg/2 ml 20 mg/2 ml	ml ml	AL, LR	* Restricted to: 1) Use in the pediatric treatment of growth failure due to growth hormone deficiency (GHD); 2) idiopathic short stature (ISS); 3) Turner syndrome (TS) or 4) chronic kidney disease (CKD) up to the time of renal transplantation. Use in Medi-Cal beneficiaries greater than 18 years of age requires prior authorization. Also restricted to NDC labeler code 50242 only.
		Skeletal Muscle I	Relaxants		
Baclofen	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Cyclobenzaprine	Tablets	5 mg 10 mg	ea ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Dantrolene Sodium	Capsules	25 mg 50 mg 100 mg	ea ea ea		
Methocarbamol	Tablets	500 mg 750 mg	ea ea		
Tizanidine HCL	Tablets	2 mg 4 mg	ea ea		
	Capsules	2 mg 4 mg 6 mg	ea ea ea		
		Smoking Dete	errents		
Bupropion HCL *	See: Antidepressants				
Varenicline Tartrate *	Tablets Tablets from Continuing Month Box (56 tablets/box)	0.5 mg 1.0 mg 1.0 mg	ea ea ea	QL	* Varenicline Tartrate is restricted to be part of a comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to a maximum quantity of 60 tablets per dispensing. Pharmacies do not need to obtain or verify a letter or certificate before dispensing.
	Tablets, Starting Month Box (53 tablets/box)	11 x 0.5 mg 42 x 1.0 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I					
	Sodium/Saline Preparations									
Sodium Chloride Injection *	Vial	0.9 %, 10 ml 0.9 %, 20 ml 0.9 %, 50 ml	ml		* Sodium Chloride Injection is for use alone or in combination with Heparin Lock Flush Solution for flushing intravenous tubing, heparin locks, and central or peripheral catheters. Note: Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the Medical Supplies section of the provider manual for more information.					
	Topical & Loc	cal Preparations: Der	matologi	cal Prep	arations					
Adapalene	Cream	0.1 %	gm							
	Gel	0.1 %	gm							
Alclometasone Dipropionate	Cream Ointment	0.05 %	gm gm							
Alitretinoin *	Gel	0.1 %	gm		* Restricted to use in the topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ammonium lactate	Cream	12 %	gm		
	Lotion	12 %	gm		
Bacitracin	Packet	500 unit/gm	gm		
Bacitracin Zinc	Packet	500 unit/gm	gm		
	Ointment	500 unit/gm	gm		
Benzoyl Peroxide	Gel	5 % 10 %	gm gm		Note : See also Drugs: Contract Drugs List Over-the-Counter Drugs.
Betamethasone DP	Cream	0.05 %	gm		
	Ointment	0.05 %	gm		
Butenafine HCL	Cream	1 %	gm		
Calcipotriene	Cream	0.005 %	gm		
	Ointment	0.005 %	gm		
	Solution	0.005 %	ml		
Ciclopirox	Cream	0.77 %	gm		
Clindamycin	Injection	150 mg/ml	ml		
Phosphate	Topical solution	1 %	ml		
	Pledgets	1 %	ea		
	Gel	1 %, 30 gm 1 %, 60 gm	gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Clindamycin/Benzoy I Peroxide	Topical gel	1 %/5 %, 50 gram container	gm		
Clobetasol Propionate	Cream	0.05 %, 15 gm 0.05 %, 30 gm 0.05 %, 45 gm	gm gm gm		
	Ointment	0.05 %, 15 gm 0.05 %, 30 gm 0.05 %, 45 gm	gm gm gm		
	Topical solution	0.05 %, 25 ml 0.05 %, 50 ml	ml ml		
Clotrimazole	See: Anti-Fungals				
Clotrimazole/ Betamethasone Dipropionate	Cream	1 %/0.05 %	gm		
Collagenase	Ointment		gm		
Crotamiton	Cream	10 %	gm		
	Lotion	10 %	ml		
Econazole Nitrate	See: Anti-Fungals				
Erythromycin Topical Solution	Topical solution	2 %	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Erythromycin/Benzo yl Peroxide	Gel	3 %/5 %	gm		
Fluocinolone	Cream	0.01 % 0.025 %	gm gm		
	Ointment	0.025 %	gm		
	Solution	0.01 %,	ml		
	Topical oil	0.01 %	ml		
Fluocinonide	Cream	0.05 %	gm		
	Ointment	0.05 %	gm		
	Solution	0.05 %	ml		
	Gel	0.05 %	gm		
Lidocaine/Prilocaine	Cream	2.5 %/2.5 %	gm		
Mupirocin	Ointment	2 %	gm		
Neomycin/Bacitracin / Polymyxin B	Ointment	3.5-400-5k	gm		
	Ointment pack	3.5-400-5k	ea		
Neomycin/Polymyxi n B/Pramoxine	Cream	3.5-10k-10	gm		
Permethrin	Cream	5 %	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Podofilox	Topical solution	0.5 %	ml		
	Topical gel	0.5 %	gm		
Prednicarbate	Cream	0.1 %	gm		
Salicylic Acid	Gel	6 %	gm		
Silver Sulfadiazine Cream	Cream	1 %	gm		
Spinosad *	Topical Suspension	0.9 %	ml	LR	* Spinosad is restricted to NDC labeler code 52246 only
Tazarotene	Topical cream or gel	0.05 % 0.1 %	gm gm		
Tretinoin	Cream	0.025% 0.05% 0.1%	gm gm gm		
	Gel	0.01% 0.025%	gm gm		
	Topical	& Local Preparations	s: Rectal P	reparation	ons
Mesalamine	Rectal Suppositories	500 mg 1000 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
	Тој	pical & Local Prepara	ations: Va	ccines	
COVID-19 Vaccine *	Injection	0.2 ml Pfizer- BioNtech	ml	AL	* Restricted to: 1) Use of this vaccine must be based on the guidelines published by the Centers for Disease
		0.3 ml Pfizer- BioNtech	ml		Control and Prevention. 2) Vaccinations that require multiple doses should utilize the same manufacturer's vaccine.
		0.5 ml Moderna	ml		3) Medi-Cal beneficiaries 12 years of age and older for Pfizer-BioNTech
		0.5 ml Janssen	ml		(0.3 ml) product, 5-11 years for Pfizer-BioNtech (0.2 ml), and 18 years of age and older for Moderna and Janssen products.
Diphtheria/Pertussis /Tetanus Vaccine *	Injection (Single Dose Vial)	0.5 ml	ml	AL	* Restricted to: 1) Medi-Cal beneficiarie 19 years of age and older. 2) Use of this vaccine must be based on the
	Prefilled Syringe	0.5 ml	ml		guidelines published by the Centers for Disease Control and Prevention (CDC).

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Medi-Cal Rx Contract Drugs List	
Effective 11/01/2022	

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hepatitis A Virus Vaccine *	Injection	50 units/ml 1440 units/ml	ml ml	AL, QL	* The Hepatitis A Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Hepatitis A & B Virus Vaccine *	Injection	1-dose syringe 1-dose vial	ml ml	AL	* The Hepatitis A and B Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Hepatitis B Virus Vaccine*	Injection	10 mcg/ml 20 mcg/0.5 ml 20 mcg/ml 40 mcg/ml	ml ml ml ml	AL	* The Hepatitis B Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

ract Drugs List

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Human Papillomavirus Vaccine *	Injection	1-dose syringe 1-dose vial	ml ml	AL, QL	* The Human Papillomavirus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Three doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Influenza Virus Vaccine *	Injection (single dose vial) Injection (multi-dose vial) Prefilled syringe	0.5 ml 5.0 ml 0.5 ml 240 mcg/0.7 ml	ml ml ml	AL	* The Influenza Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older; 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
	Influenza vaccine live, intranasal	0.2 ml	ea		Note: 1 each is 0.2mL.
Measles, Mumps, and Rubella Virus Vaccine *	injection	1-dose vial	ea	AL, QL	* The Measles, Mumps, and Rubella Virus Vaccine is restricted 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Meningococcal Group B Vaccine	Injection	50-50 mcg/0.5ml* 120 mcg/0.5 ml *	ml ml	AL, QL	* The 50-50 mcg/.05 ml injection is restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime for Bexsero. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC). * The 120 mcg/0.5 ml injection is restricted 1) Medi-Cal beneficiaries 19 years of age and older. 2) Three doses of vaccine per lifetime for Trumenba. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine *	Injection	10-5 mcg/0.5 ml	ea	AL	* The Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Meningococcal Polysaccharide Diphtheria Conjugate Vaccine *	Injection	4 mcg/0.5 ml	ml	AL	* Meningococcal Polysaccharide Diphtheria Conjugate Vaccine is restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Meningococcal Polysaccharide Vaccine *	injection	50 mcg	ea	AL	* Meningococcal Polysaccharide Vaccine is restricted to 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 13-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 13-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Pneumococcal Vaccine, 15-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 15-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 20-Valent, Conjugated*	Injection	1-dose syringe	ml	AL	* Pneumococcal Vaccine, 20-Valent, Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) One dose of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Pneumococcal Vaccine, 23-Valent, Non-Conjugated *	Injection	1-dose vial 1-dose syringe	ml	AL	* Pneumococcal Vaccine, 13-Valent, Non-Conjugated is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Rabies Vaccine *	Injection	1-dose vial	ea	AL	* Rabies Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Tetanus and Diphtheria Toxoids Adsorbed Vaccine *	Injection	1 dose/vial	ml	AL	* Tetanus and Diphtheria Toxoids Adsorbed Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
Varicella Virus Vaccine *	Injection	1 dose/vial	each	AL, QL	* The Varicella Virus Vaccine is restricted to: 1) Medi-Cal beneficiaries 19 years of age and older. 2) Two doses of vaccine per lifetime. 3) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Varicella Zoster Vaccine *	Injection kit	1 dose/vial	each kit	AL	* The Varicella Zoster Vaccine is restricted to: 1) Medi-Cal beneficiaries 50 years of age and older. 2) Use of this vaccine must be based on the guidelines by the Centers for Disease Control and Prevention (CDC).
Zoster Vaccine *	Injection	1 dose/vial	ea	AL	* The Zoster Vaccine is restricted to 1) Medi-Cal beneficiaries 50 years of age and older. 2) Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).
	Topical 8	Local Preparations:	Vaginal I	Preparat	ions
Butoconazole Nitrate	Vaginal cream (prefilled applicator)	2 %	gm		
Clindamycin Phosphate	Cream with applicator Cream Vaginal Suppositories	2 % 2 % 100 mg	gm gm ea		
Clotrimazole	See: Anti-Fungals				
Metronidazole	Vaginal gel	0.75 %, 70 gm 1.3 %, 5 gm *	gm gm	LR	* The 1.3%, 5 gm vaginal gel is restricted to NDC labeler code 00642.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miconazole Nitrate	Vaginal suppositories	200 mg, 3's	ea		
	Vaginal kit	1200 mg -2 %	ea		
	Vaginal cream with applicator	4 %	gm		
Terconazole	Vaginal cream	0.4 %, 45 gm 0.8 %, 20 gm	gm gm		
	Vaginal suppositories	80 mg, 3s	ea		
Tioconazole	Vaginal ointment with applicator	6.5 %	gm		
		Urinary Tract Antis	pasmodi	cs	
Darifenacin Hydrobromide	Tablets, extended release	7.5 mg 15 mg	ea ea		
Fesoterodine Fumarate *	Tablet, extended release (24-hour)	4 mg 8 mg	ea	LR	* Restricted to NDC labeler code 00069 only.
Flavoxate	Tablet	100 mg	ea		
Oxybutynin *	Transdermal system	3.9 mg	ea	LR	* Oxybutynin is restricted to NDC labeler codes 52544 and 00023 only.
Oxybutynin Chloride	Tablets	5 mg	ea		
	Tablets, extended	5 mg	ea		
	release	10 mg	ea		
		15 mg	ea		



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
(continued)	Syrup	5 mg/5 ml	ml		
	Gel Packets	10 %	gm		
Solifenacin Succinate	Tablets	5 mg 10 mg	ea ea		
Tolterodine Tartrate	Tablets	1 mg 2 mg	ea ea		
	Capsules, extended release	2 mg 4 mg	ea ea		
Trospium Chloride	Tablets	20 mg	ea		
	Capsules, extended release	60 mg	ea		



Intravenous Solutions

Simple Intravenous Solutions (milliliter)

Simple intravenous (I.V.) solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water), and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.

Parenteral Nutrition Solutions (TPN or Hyperalimentation) (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.

(Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that are typically suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements, and trace elements.)

Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.



Separately Administered Intravenous Lipids (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.

Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.

Intravenous Solutions of Unlisted Antibiotics (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.

Intravenous Solutions of Other Unlisted Drugs (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the *California Specific Compound Pharmacy Claim Form (30-4)* completion section of the *Medi-Cal Rx Provider Manual* for more information.



Drugs Removed from Contract Drugs List

Drugs listed on the following pages have been deleted from the Contract Drugs List on the date noted to the right of each drug listing. Providers will not be reimbursed for any drugs with a date of service on or after these deletion dates unless they have an approved prior authorization request.

Continuing Care Exceptions

A patient who is receiving one of the deleted drugs may continue to receive it without prior authorization if the criteria for continuing care is met. Affected drugs are marked with a symbol (§). For information on continuing care, see the *Reimbursement* section in this manual. Providers can access the Provider Telecommunications Network (PTN) to determine if a patient is being dispensed a drug which is eligible for continuing care. For complete information on the PTN, see the *Provider Telecommunications Network* (PTN) in the Part 1 manual.

DOS Drugs/No Longer MFGR	Strength	End Date
Acetohexamide	Tablets: 500 mg	This product is no longer manufactured or available.
Adefovir Dipivoxil	Tablets: 10 mg	8/31/2011
Albuterol	Inhaler with Adapter: 17 gm Inhaler without Adapter: 17 gm	1/31/2007
Aldesleukin	Powder for Injection: 22 million IU (1.3 mg)/vial	9/1/2021
Alemtuzumab	Injection: 30 mg/1 ml vial	2/28/2010
Alendronate Sodium	Effervescent Tablet: 70 mg Oral Solution: 70 mg/75 ml	6/30/2016 8/31/2013
Aliskiren/Valsartan	Tablets: 150 mg/160 mg, 300 mg/320 mg	7/20/2012



DOS Drugs/No Longer MFGR	Strength	End Date
Amlodipine Besylate/Atorvastation Calcium	Tablets: 2.5 mg/10 mg, 2.5 mg/20 mg, 2.5 mg/40 mg, 5 mg/10 mg, 5 mg/20 mg, 5 mg/40 mg/, 5 mg/80 mg, 10 mg/10 mg, 10 mg/20 mg, 10 mg/40 mg, 10 mg/80 mg	10/31/2016
Amlodipine/Telmisartan	Tablets: 5 mg/40 mg, 5 mg/80 mg, 10 mg/40 mg, 10 mg/ 80 mg	5/31/2013
Amphotericin B	Cream, Ointment, Lotion	Cream, Ointment, and Lotion products are no longer manufactured or available.
Amprenavir	Capsules: 50 mg, 150 mg Oral solution: 15 mg/ml	These products are no longer manufactured or available.
Antipyrine and Benzocaine	Otic drops	11/30/2015
Asparaginase	Powder for Injection: 10,000 IU/vial	6/12/2014
Aurothioglucose	Injection	This product is no longer manufactured or available.
Baloxavir marboxil	Tablets: 20 mg	6/1/2022
Beclomethasone Dipropionate	Nasal Inhaler: 7 gm	6/1/2002 Nasal inhaler is no longer manufactured or available.
Beclomethasone Dipropionate	Aerosol Oral Inhaler: 42 mcg/actuation, 16.8 gm	Aerosol oral inhaler (42 mcg/actuation, 16.8 gm) is no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Belladonna Alkaloids with Phenobarbital	Tablets, Capsules, Liquid	5/31/2014
Bepotastine Besilate	Ophthalmic Solution: 1.5%	8/31/2013
Besifloxacin Hydrochloride	Ophthalmic Solution: 0.6% 5 ml	9/30/2012
Bexarotene	Capsules: 75 mg Gel: 1%	Prior to 1/1/2019
Bimatoprost	Ophthalmic Solution: 0.03%	4/1/2022
Boceprevir	Capsules: 200 mg	12/31/2015
Bromfenac	Ophthalmic Solution: 0.09% 1.7 ml, 2.5 ml, 5.0 ml	2/29/2020
Bromodiphenhydramine HCL with Codeine	Liquid	This product is no longer manufactured or available.
Brompheniramine Maleate with Phenylpropanolamine HCL and Codeine	Liquid	This product is no longer manufactured or available.
Buprenorphine/Naloxone	Buccal Film: 2.1 mg/0.3 mg, 4.2 mg/0.7 mg, 6.3 mg/1.0 mg	4/30/2019
Candesartan Cilexetil	Tablets: 4 mg, 8 mg, 16 mg, 32 mg	5/31/2008
Carbachol	Ophthalmic: 0.75%, 1.5%, 2.25%, 3%	These products are no longer manufactured or available.
Carbenicillin	Tablets: 382 mg	These products are no longer manufactured or available.
Cefonicid Sodium	Powder for Injection: 500 mg/vial; 1 gm/vial; 10 gm/vial; 1 gm, piggyback	These products are no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Cerivastatin Sodium	Tablets	These products are no longer manufactured or available.
Cetirizine HCL	Tablets: 5 mg, 10 mg Liquid: 5 mg/5 ml	Suspended until further notice.
Cevimeline HCL	Capsules: 30 mg	9/30/2008
Chloral Hydrate	Capsules: 250 mg, 500 mg Liquid Suppositories: 325 mg, 650 mg	These products are no longer manufactured or available.
Chlorotrianisene	Capsules: 12 mg, 25 mg	These products are no longer manufactured or available.
Chlorpheniramine Maleate, Phenylephrine HCL, Potassium Iodide and Codeine	Liquid	These products are no longer manufactured or available.
Chlorpromazine §	Injection: 25 mg/ml (sizes 1 ml, 2 ml, 10 ml) Liquid: 10 mg/5ml Suppositories: 25 mg, 100 mg	2/28/2010 * These products are no longer manufactured or available.
Choline Magnesium Trisalicylate	Tablets: 500 mg, 750 mg, 1,000 mg Liquid: 500 mg/ 5ml	These products are no longer manufactured or available.
Ciclopirox	Gel: 0.77% (15 gm, 30 gm, 90 gm) Topical Suspension: 0.77% (30 ml, 60 ml)	3/31/2006
Ciprofloxacin and Ciprofloxacin HCL	Tablets, Extended Release: 500 mg, 1000 mg	3/31/2012



DOS Drugs/No Longer MFGR	Strength	End Date
Clindamycin Phosphate	Vaginal Cream: 2% (5.8 gm) Vaginal Suppositories: 100 mg (3s)	2/29/2012 12/31/2005
Clofazimine	Capsules: 50 mg, 100 mg	These products are no longer manufactured or available.
Codeine and Aspirin	Tablets or Capsules: 15 mg- 325 mg, 30 mg-325 mg	These products are no longer manufactured or available.
Codeine Phosphate	Injection: 30 mg/ml, 60 mg/ml	These products are no longer manufactured or available.
Colchicine	Tablets: 0.5 mg Injection: 0.5 mg/ml Capsules: 0.6 mg	The 0.5 mg tablet and injection are no longer manufactured or available. Capsules: 1/1/2022
Dactinomycin	Injection: 0.5 mg/vial	6/12/2014
Dalteparin Sodium	Single-Dose Prefilled Syringe: 2,500 IU/0.2 ml, 5,000 IU/0.2 ml, 7,500 IU/0.3 ml, 12,500 IU/0.5 ml, 15,000 IU/0.6 ml, 18,000 IU/0.72 ml Single-Dose Graduated Syringe: 10,000 IU/1 ml Multiple-Dose Vial: 95,000 IU/3.8 ml, 95,000 IU/9.5 ml	12/31/2015



DOS Drugs/No Longer MFGR	Strength	End Date
Darbepoetin Alfa (Albumin Based Formulation)	Injection: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg Injection, Prefilled Syringe: 25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 500 mcg	8/31/2008
Denileukin Diftitox	Injection: 150 mcg/ml	Prior to 4/1/2017
Dexamethasone with Neomycin	Ophthalmic Solution or Suspension: 0.1%-0.35%	These products are no longer manufactured or available.
Didanosine	Capsules, Delayed Release, E.C.: 125 mg, 200 mg, 250 mg, 400 mg	11/1/2021
Dienestrol Cream (or generic equivalent)	Tube – Refill, Tube with Applicator	These products are no longer manufactured or available.
Dihydrotachysterol	Solution, Drops, Capsules, Tablets	These products are no longer manufactured or available.
Dipivefrin HCL	Ophthalmic Solution: 0.1%	This product is no longer manufactured or available
Encorafenib	Capsules: 50 mg	11/1/2021
Epinephrine	Ophthalmic solution: 1/2%, 5 ml, 1/2%, 15 ml, 1%, 10 ml, 1%, 15 ml, 2%, 10 ml, 2%, 15 ml	Ophthalmic solution product is no longer manufactured or available.
Epinephryl Borate	Ophthalmic Solution: 1/2%, 1%	These products are no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Eprosartan Mesylate	Tablets: 400 mg, 600 mg	5/31/2008
Eprosartan Mesylate and Hydrochlorothiazide	Tablets: 600 mg-12.5 mg, 600 mg- 25 mg	5/31/2008
Ergoloid Mesylates	Tablets, Sublingual: 1.0 mg	This product is no longer manufactured or available.
Ergonovine Maleate	Injection: 0.2 mg/ml Tablets: 0.2 mg	These products are no longer manufactured or available.
Ergotamine with Caffeine and Pentobarbital Sodium and Belladonna Alkaloids	Tablets Suppositories	These products are no longer manufactured or available.
Erythromycin and Sulfisoxazole	Liquid: 200 mg-600 mg/5 ml, 100 ml; 200 mg-600 mg/5 ml, 150 ml; 200 mg-600 mg/5 ml, 200 ml	These products are no longer manufactured or available.
Eslicarbazepine Acetate	Tablets: 200 mg, 400 mg, 600 mg, 800 mg	2/2/2021
Estradiol	Twice-weekly patch: 0.05 mg, 0.075 mg, 0.1 mg Vaginal tablets: 2 mcg	12/31/2009 9/30/2009
Estradiol and Norethindrone Acetate	Tablets: 1 mg/0.5 mg	9/30/2009
Estradiol and Norgestimate	Tablets from combination packet (30 tablets/packet)	N/A
Estradiol Cypionate and Testosterone Cypionate	Injection: 1 ml/vial, 10 ml/vial	These products are no longer manufactured or available.
Estrogens, A, Synthetic Conjugated	Tablets: 0.625 mg, 0.9 mg, 1.25 mg	N/A



DOS Drugs/No Longer MFGR	Strength	End Date
Estrogens, Conjugated with Methyltestosterone	Tablets: 0.625 mg-5 mg, 1.25 mg- 10 mg, 50 mg	5/31/2014
Estrogens, Esterified with Methyl testosterone	Tablets: 0.625 mg-1.25 mg, 1.25 mg-2.5 mg	5/31/2014
Ethinyl Estradiol	Tablets: 0.02 mg, 0.05 mg, 0.5 mg	These products are no longer manufactured or available.
Exenatide	Extended Release Injectable Suspension Vial: 2 mg/vial	12/31/2020
Famciclovir	Tablets: 125 mg, 250 mg, 500 mg	10/31/2008
Fenofibrate Micronized	Capsules: 30 mg, 90 mg	4/30/2017
Fentanyl Citrate	Transmucosal, Oral: 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1,200 mcg, 1,600 mg	N/A
Fexofenadine HCL	Capsules: 60 mg Tablets: 30 mg	N/A
Flunisolide	Nasal Spray: 0.025%, 25 ml	8/1/2007
Fluorouracil	Cream: 0.5%	4/30/2009
Fluoxetine HCL	Capsules, Delayed Release Enteric-Coated Pellets: 90 mg	10/31/2007
Fluphenazine §	Injection: 2.5 mg/ml, 10 ml; 25 mg/ml	2/28/2010
Fluvastatin Sodium	Capsules: 20 mg, 40 mg Tablets, Extended Release: 80 mg	7/31/2019
Fondaparinux Sodium	Prefilled Syringe: 2.5 mg, 5 mg, 7.5 mg, 10 mg	1/31/2014
Formoterol Fumarate	Capsules for Oral Inhalation: 12 mcg	6/30/2008
Furazolidone	Tablets: 100 mg Liquid: 50 mg/15 ml	These products are no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Galantamine Hydrobromide	Solution, Oral: 4 mg/ml Tablets: 4 mg, 8 mg, 12 mg	On or before 1/31/2008
Gatifloxacin	Ophthalmic Solution: 0.3%	4/30/2010
Gemtuzumab Ozogamicin	Injection: 4.5 mg/vial Powder for Injection: 5 mg/ml	This product is no longer manufactured or available.
Gold Sodium Thiomalate	Injection	This product is no longer manufactured or available.
Goserelin Acetate	Implant	2/1/2021
Guanabenz Acetate	Tablets: 4 mg, 8 mg	These products are no longer manufactured or available.
Haloperidol §	Injection, Decanote: 50 mg/ml, 1 ml; 50 mg/ml, 5 ml; 100 mg/ml, 1 ml; 100 mg/ml, 5 ml Injection: 5 mg/ml, 1 ml; 5 mg/ml, 10 ml	2/28/2010
Homatropine	Ophthalmic Solution: 2%, 5 ml; 2%, 15 ml; 5%, 5 ml; 5%, 15 ml	11/30/2014
Hyaluronidase	Injection: 150 U; 1,500 U	3/31/2001
Hydrocortisone Acetate with Pramoxine	Cream, with Rectal Applicator: 1%-1%	11/30/2008
Hydrocortisone with Polymyxin B	Otic Drops: 10 ml, 15 ml	These products are no longer manufactured or available.
Imatinib Mesylate	Capsules: 100 mg	Capsules product is no longer manufactured or available.
Immune Globulin, Intravenous, Gamma (IGG)	Injection: 5%, 10%	3/31/2012



DOS Drugs/No Longer MFGR	Strength	End Date
Immune Globulin, Rh0 (D), Intravenous	Powder for Injection: 600 IU; 1,500 IU	10/31/2006
Indinavir sulfate	Capsules: 100 mg, 200 mg, 333 mg, 400 mg	06/01/2022
Influenza A (H1N1) Virus Vaccine	Injection (Single Dose Vial): 15 mcg/0.5 ml, 0.5 ml Injection (Multi-Dose Vial): 15 mcg/0.5 ml, 5.0 ml Prefilled Syringe (Pediatric): 0.25 ml, 0.25 ml Prefilled Syringe: 15 mcg/ 0.5 ml, 0.5 ml	12/31/2010
Interferon Alfacon-1	Injection: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml Injection, Prefilled Syringe: 30 mcg/ml, 0.3 ml; 30 mcg/ml, 0.5 ml	9/30/2003
Ipratropium Bromide	Aerosol Inhaler with Adapter: 14.7 gm Aerosol Inhaler without Adapter: 14 gm	7/31/2008
Ipratropium Bromide and Albuterol Sulfate	Inhaler: 14.7 gm	This product is no longer manufactured or available.
Irbesartan	Tablets: 75 gm, 150 gm, 300 gm	10/31/2013
Isoetharine Hydrochloride	Solution: 1%, 10 ml Solution: 1%, 30 ml	N/A
Isometheptene Mucate, Dichloralphenazone and APAP	Capsules: 65 mg, 100 mg, 325 mg	No longer available.
Isradipine	Tablets, Controlled Release: 5 mg, 10 mg	10/31/2013
Itraconazole	Injection Kit	4/1/2022
Ivermectin	Topical Lotion: 5%	07/01/2022



DOS Drugs/No Longer MFGR	Strength	End Date
Kanamycin Sulfate	Injection: 0.5 gm/2 ml, 1 gm/ 3 ml, 75 mg/2 ml	These products are no longer manufactured or available.
Lanthanum Carbonate	Chewable Tablets: 250 mg, 500 mg, 750 mg, 1,000 mg	12/31/2014
Lenalidomide	Capsules: 5 mg, 10 mg, 15 mg, 25 mg	2/28/2010
Leuprolide Acetate	Injection: 5 mg/ml, 2.8 ml Powder for Injection: 7.5 mg/vial, 22.5 mg/vial, 30 mg/vial	5/31/2016
Levamisole HCL	Tablets: 50 mg	This product is no longer manufactured or available.
Levodopa	Tablets or Capsules: 250 mg, 500 mg	These products are no longer manufactured or available.
Levofloxacin	Ophthalmic Solution: 0.5%, 2.5 ml; 0.5%, 5.0 ml	9/30/2010
Levofloxacin	Ophthalmic Solution: 1.5%, 5.0 ml	9/30/2011
Levonorgestrel	Tablets: 0.75 mg	9/30/2015
Levonorgestrel, Ethinyl Estradiol and Pregnancy Test	Emergency Contraceptive Kit Containing Kits (each): 4 tablets, 0.25 mg05 mg; 1 Urine Pregnancy Test	N/A
Lomustine	Capsules: 10 mg, 40 mg, 100 mg Dose-Pack	11/15/2018
Lovastatin	Tablets, Extended Release: 10 mg, 20 mg, 40 mg, 60 mg	1/31/2008
Loxapine HCL §	Injection: 50 mg/ml	2/28/2010
Malathion	Lotion: 0.5%	7/31/2017
Mechlorethamine Hydrochloride	Injection: 10 mg	6/12/2014



DOS Drugs/No Longer MFGR	Strength	End Date
Megestrol Acetate	Suspension: 125 mg/ml	12/31/2014
Melphalan flufenamide	Injection: 20 mg	06/01/2022
Meperidine HCL	Tablets: 50 mg, 100 mg	5/31/2010
Mesoridazine	Injection: 25 mg/ml, 1 ml Tablets or Capsules: 10 mg, 25 mg, 50 mg, 100 mg Liquid: 25 mg/ml, 1 ml	These products are no longer manufactured or available.
Metaproterenol	Aerosol Inhaler with Adapter: 14 gm Aerosol Inhaler without Adapter (Refill): 14 gm	1/31/2007
Methadone	Injection: 10 mg/ml, 1 ml; 10 mg/ml, 20 ml Tablets or Capsules: 5 mg, 10 mg	N/A
Methylphenidate HCL	Capsules, extended release: 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg	4/1/2022
Metipranolol HCL	Ophthalmic Drops: 0.3%, 5 ml; 0.3%, 10 mg	This product is no longer manufactured or available.
Metronidazole	Topical Gel: 0.75%, 28.4 gm	12/31/2005
Moexipril HCL	Tablets: 7.5 mg, 15 mg	5/31/2008
Moexipril HCL with Hydrochlorothiazide	Tablets: 7.5 mg-12.5 mg, 1 5 mg- 12.5 mg, 15 mg-2.5 mg	5/31/2008
Mometasone Furoate	Oral Powder for Inhalation: 30 inhalations/0.24 gm, 60 inhalations/0.24 gm, 120 inhalations/0.24 gm	12/31/2008
Mometasone Furoate Monohydrate	Nasal Spray: 50 mcg/actuation	9/30/2017
Morphine Sulfate	Capsules, Extended Release: 30 mg, 60 mg, 90 mg, 120 mg	9/30/2005



DOS Drugs/No Longer MFGR	Strength	End Date
Morphine Sulfate/Naltrexone	Capsules, Extended Release: 20 mg/0.8 mg, 30 mg/1.2 mg, 50 mg/2 mg, 60 mg/2.4 mg, 80 mg/3.2 mg, 100 mg/4 mg	9/30/2020
Moxifloxacin HCL	Ophthalmic Solution: 0.5%	Moxeza® 6/30/2020
Naftifine HCL	Topical Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm; 1%, 90 gm Topical Gel: 1%, 20 gm; 1%, 40 gm; 1%, 60 gm, 1%, 90 gm	11/30/2011
Nalidixic Acid	Tablets: 250 mg, 500 mg, 1 gm	These products are no longer manufactured or available.
Neostigmine Bromide	Tablets: 15 mg	This product is no longer manufactured or available.
Nepafenac	Ophthalmic Suspension: 0.1% Ophthalmic Suspension: 0.3%, 1.7 ml bottle Ophthalmic Suspension: 0.3%, 3 ml bottle	3/1/2020 2/29/2020 5/1/2022
Niacin and Lovastatin	Tablets (Containing Extended Release Niacin): 500 mg/20 mg; 750 mg/20 mg; 1,000 mg/20 mg; 1,000 mg/40 mg	These products are no longer manufactured or available.
Niacin and Simvastatin	Tablets (Containing Extended Release Niacin): 500 mg/20 mg; 500 mg/40 mg; 750 mg/20 mg; 1,000 mg/20 mg; 1,000 mg/40 mg	These products are no longer manufactured or available.
Niclosamide	Tablets: 500 mg	This product is no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Nisoldipine	Tablets: 10 mg, 20 mg, 30 mg, 40 mg	3/31/2010
Norethindrone Acetate and Ethinyl Estradiol	Tablets: 1 mg-5 mcg	Suspended until further notice.
Norethindrone and Ethinyl Estradiol	Tablets: 1 mg-50 mcg (Tablets from 21 Tablet Packet); 1 mg-50 mcg (Tablets from 28 Tablet Packet)	1 mg – 50 mcg product is no longer manufactured or available.
Norethindrone and Ethinyl Estradiol	Tablets from 7/14 Combination Packet (28 Tablets Packet): 7x0.5 mg/35 mcg, 14x1 mg/35 mcg, 7 inert	7/14 combination packet is no longer manufactured or available.
Norfloxacin	Tablets or Capsules: 400 mg	These products are no longer manufactured or available.
Olaratumab	Injection: 500 mg/50 ml, 190 mg/19 ml	11/1/2021
Olmesartan Medoxomil	Tablets: 20 mg, 40 mg	5/31/2008
Olopatadine HCL	Ophthalmic Solution: 0.5%, 0.7%	06/30/2022
Ombitasvir/Paritaprevir/ Ritonavir and Dasabuvir	Tablets: 12.5 mg/75 mg/50 mg/250 mg Tablets, ER: 8.33 mg/50 mg/33.33 mg/200 mg	These products are no longer manufactured or available.
Omeprazole/Sodium Bicarbonate	Capsules: 20 mg, 40 mg Powder Packet: 20 mg, 40 mg	9/30/2009
Oprelvekin	Powder for Injection: 5 mg/vial	This product is no longer manufactured or available.
Oxandrolone	Tablets: 2.5 mg	5/31/2003
Oxiconazole Nitrate	Cream: 1%, 15 gm; 1%, 30 gm; 1%, 60 gm Lotion: 1%, 30 ml	11/30/2012



DOS Drugs/No Longer MFGR	Strength	End Date
Oxybutynin Chloride	Tablets, Extended Release: 5 mg, 10 mg	12/31/2008
Oxycodone and Acetaminophen	Tablets or Capsules: 5 mg-500 mg	8/1/2020 This product is no longer manufactured or available.
Oxycodone HCL	Tablets, Controlled Release: 10 mg, 20 mg, 40 mg, 80 mg, 160 mg	8/31/2008
Oxycodone HCL with Oxycodone Terephthalate and Aspirin	Tablets: 2.25 mg to 0.19 mg to 325 mg; 4.5 mg to 0.38 mg to 325 mg	These products are no longer manufactured or available.
Pacritinib	Capsules: 100 mg	07/01/2022
Palonosetron HCL	Injection: 0.25 mg/5 ml	7/31/2021
Pancrelipase (Amylase/ Lipase/Protease)	Powder	This product is no longer manufactured or available.
Papain and Urea	Ointment: strength	2/28/2009
Papain-Urea-Chlorophyllin Copper Complex Sodium	Ointment: 30 gm Spray: 33 ml	2/28/2009 4/30/2006
Paroxetine HCL	Tablets, Controlled Release: 12.5 mg, 25 mg, 37.5 mg	12/31/2011
Paroxetine Mesylate	Tablets: 10 mg, 20 mg, 30 mg, 40 mg	5/31/2009
Peginterferon Alfa-2A	Injection Kit with Alcohol Pads: 180 mcg/0.5 ml Pen injector, package of four: 180 mcg/0.5 ml, 135 mcg/ 0.5 ml	6/30/2012 No longer manufactured or available. Pen injector: 1/1/2022



DOS Drugs/No Longer MFGR	Strength	End Date
Peginterferon Alfa-2B	Powder for Injection Kit: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Powder for injection, single dose delivery system: 50 mcg/0.5 ml, 80 mcg/0.5 ml, 120 mcg/0.5 ml, 150 mcg/ 0.5 ml Lyophilized powder for injection: 296 mcg (200 mcg deliverable) 444 mcg (300 mcg deliverable) 888 mcg (600 mcg deliverable)	1/1/2022
Pemirolast Potassium	Ophthalmic Solution: 0.1%, 10 ml	9/30/2010
Pemoline	Tablets or Capsules: 18.75 mg, 37.5 mg, 75 mg Tablets (Chewable): 37.5 mg	Prior to 12/1/2005
Pergolide Mesylate	Tablets: 0.05 mg, 0.25 mg, 1.0 mg	These products are no longer manufactured or available.
Phenytoin with Phenobarbital	Tablets or Capsules: 100 mg/15 mg and 100 mg/30 mg	These products are no longer manufactured or available.
Pilocarpine with Epinephrine	Ophthalmic Solution: 1%, 2%, 3%, 4%, 6% (sizes 10 ml, 15 ml)	These products are no longer manufactured or available.
Pipobroman	Tablets: 10 mg, 25 mg	These products are no longer manufactured or available.
Pirbuterol Acetate	Aerosol Inhaler with Adapter: 14 gm, 25.6 gm	1/31/2007
Pitavastatin Calcium	Tablets: 1 mg, 2 mg, 4 mg	10/31/2014



DOS Drugs/No Longer MFGR	Strength	End Date
Plicamycin	Powder for Injection: 2.5 mg/vial	This product is no longer manufactured or available.
Polethylene Glycol 3350	Powder: 17 gm	6/1/2020
Polyestradiol Phosphate	Powder for Injection: 40 mg/vial	This product is no longer manufactured or available.
Pralatrexate	Injection: 20 mg/1 ml, 40 mg/2 ml	9/30/2014
Prednisolone Sodium Phosphate	Oral Solution: 20.2 mg/5 ml	9/30/2008
Prednisolone, Neomycin, Polymyxin B	Ophthalmic Suspension: 5 mg/5 mg/10000 u/ml (5 ml, 10 ml size)	These products are no longer manufactured or available.
Procyclidine	Tablets: 5 mg	This product is no longer manufactured or available.
Promethazine HCL	Liquid Fortis: 25 mg/5 ml	No longer manufactured or available.
Quinapril HCL	Tablets: 5 mg, 10 mg, 20 mg, 40 mg	Suspended until further notice.
Quinine Sulfate	Tablets or Capsules: strength	Prior to 5/1/2007
Repaglinide	Tablets: 0.5 mg, 1 mg, 2 mg	7/31/2005
Ribavirin and Interferon Alfa-2B*	Capsules and Injection, Multi-Dose Pen	6/30/2005 Product is no longer manufactured or available.
Ribavirin	Dose Pack Tablets (56 tablets per pack): 600 mg, 800 mg, 1000 mg, 1200 mg	6/30/2015
Rimexolone	Ophthalmic Suspension: 1% ml	9/29/2018
Risedronate Sodium	Tablet: 150 mg	4/30/2012



DOS Drugs/No Longer MFGR	Strength	End Date
Rivastigmine Tartrate	Solution, Oral: 2 mg/ml	6/30/2014
Rosiglitazone Maleate	Tablets: 2 mg, 4 mg, 8 mg	11/18/2011
Rosiglitazone Maleate/Glimepiride	Tablets: 4 mg/1 mg, 4 mg/2 mg, 4 mg/4 mg, 8 mg/2 mg, 8 mg/4 mg	These products are no longer manufactured or available.
Rosiglitazone Maleate/Metformin HCL	Tablets: 1 mg/500 mg, 2 mg/500 mg, 4 mg/500 mg, 2 mg/1000 mg, 4 mg/1000 mg	11/18/2011
Salmeterol Xinafoate	Inhalation Aerosol: 13 gm Aerosol Refill: 13 gm	7/31/2005
Saquinavir Mesylate	Capsules: 200 mg	1/1/2021
Scopolamine HBr	Ophthalmic Solution: 0.25%	This product is no longer manufactured or available.
Simvastatin/Sitagliptin	Tablets: 10/50 mg, 20/50 mg, 40/50 mg, 10/100 mg, 20/100 mg, 40/100 mg	These products are no longer manufactured or available.
Sodium Chloride Injection	0.9 % vials: 30 ml	Obsolete
Somatropin (rDNA Origin)	Powder for Injection: strength	5/31/2003
Sulfathiazole/Sulfacetamide/Sulf abenzamide (Triple Sulfa)	Vaginal Cream With or Without Applicator: strength Vaginal Tablets: strength	These products are no longer manufactured or available.
Sulfinpyrazone	Tablets or Capsules: 100 mg, 200 mg	These products are no longer manufactured or available.
Sulfisoxazole	Tablets: 0.5 gm Liquid: 0.5 gm/5 ml	These products are no longer manufactured or available.



DOS Drugs/No Longer MFGR	Strength	End Date
Sumatriptan Succinate/Naproxen Sodium	Tablets: 85 mg/500 mg	10/31/2011
Tamoxifen Citrate	Oral Solution: 10 mg/5 ml	Prior to 1/1/2018
Tebentafusp-tebn	Vial: 100 mcg/0.5 ml	07/01/2022
Tegaserod	Tablets: 2 mg, 6 mg	4/1/2007
Telaprevir	Tablets: 375 mg	12/31/2015 Product is no longer manufactured or available.
Testolactone	Tablets: 50 mg	This product is no longer manufactured or available.
Thalidomide	Capsules: 50 mg, 100 mg, 200 mg	2/28/2010
Thiabendazole	Tablets or Capsules: 500 mg Liquid: 500 mg/5 ml	These products are no longer manufactured or available.
Thiothixene §	Powder for Injection: 5 mg each	2/28/2010
Timolol Hemihydrate	Ophthalmic Solution: 0.25%, 0.5%	9/30/2010
Timolol Maleate	Ophthalmic Drops (Formulated with Potassium Sorbate): 0.5% Ophthalmic single use: 0.25% and 0.5% Ophthalmic Gel: 0.25 %, 0.5 %	6/30/2011 8/01/2022 9/1/2022
Tinzaparin Sodium	Injection: 20,000 IU/ml (2 ml vial)	12/31/2008
Tipranavir	Oral Solution: 100 mg/mL	08/01/2022
Tolcapone	Tablets: 100 mg, 200 mg	7/31/2005
Toremifene Citrate	Tablets: strength	2/28/2010
Trandolapril and Verapamil Hydrochloride	Tablets, Extended Release: 1 mg/240 mg, 2 mg/180 mg, 2 mg/240 mg, 4 mg/240 mg	11/30/2007
Trastuzumab	Vial: 440 mg	08/01/2022



DOS Drugs/No Longer MFGR	Strength	End Date
Triamcinolone	Nasal Spray: 55 mcg/actuation (16.5 gm)	1/31/2014
Triazolam	Tablets: 0.125 mg, 0.25 mg	2/1/2021
Trifluoperazine	Injection: 2 mg/ml Liquid: 10 mg/ml	These products are no longer manufactured or available.
Trimetrexate Glucuronate	Powder for Injection: 25 mg	This product is no longer manufactured or available.
Triprolidine HCL with Pseudoephedrine HCL and Codeine	Liquid: 1.25 mg-30 mg- 10 mg/5 ml	This product is no longer manufactured or available.
Triptorelin Pamoate	Syringes: 3.75 mg, 11.25 mg, and 22.5 mg	8/1/2021
Trospium Chloride	Tablets: 20 mg Extended Release Capsules: 60 mg	10/31/2016
Umbralisib	Tablets: 200 mg	06/01/2022
Uracil Mustard	Capsules: 1 mg	This product is no longer manufactured or available.
Valdecoxib	Tablets: 10 mg	4/8/2005 Product being recalled.
Valrubicin	Solution for Intravesical Instillation: 40 mg/ml	4/30/2010
Verapamil HCL	Capsules, Long Acting: 100 mg, 200 mg, 300 mg	Prior to 9/30/2009
Zalcitabine	Tablets: 0.375 mg, 0.750 mg	These products are no longer manufactured or available.
Zaleplon	Capsules: 5 mg, 10 mg	1/31/2006



DOS Drugs/No Longer MFGR	Strength	End Date
Zolpidem Tartrate	Tablets, Extended-Release:	4/30/2013
	6.25 mg, 12.5 mg	